G. KOLFF & Co. BOEKHANDEL, WELTEVREDEN

L. S.

Door de Koninklijke Natuurkundige Vereeniging wordt bij ons uitgegeven „HET IDJEN-HOOGLAND," een serie van wetenschappelijke verhandelingen over dit bekende vulkaangebied, dat steeds meer de belangstelling van het publiek trekt. Ook de Regeering heeft Hare belangstelling voor het Idjen-hoogland getoond door een groot gedeelte ervan tot natuurmonument te verklaren. Door deze daad wint het initiatief der K. N. V. nog aan waarde: zij toch biedt den bezoeker reeds dadelijk interessante bijdragen tot de kennis van dit geheel, geschreven door competente geleerden.

Verschenen zijn de eerste aflevering:

Dr. C. BRAAK, HET KLIMAAT VAN DEN IDJEN

en de tweede aflevering:

Dr. G. L. L. KEMMERLING, DE GEOLOGIE EN DE GEOMORPHOLOGIE VAN DEN IDJEN.

Dr. H. W. WOUDSTRA, ANALYSE VAN MERKWAARDIGE WATERSOORTEN OP HET IDJEN- HOOGLAND.

Dr. Braak geeft een studie van de factoren, die het klimaat beïnvloeden, die niet alleen voor den Idjen-bezoeker van belang is, maar tevens een inzicht in het tropische klimaat van den Archipel in het algemeen geeft. Het werk is van 12 platen en overzichtskaarten voorzien.

Dr. Kemmerling beschrijft uitvoerig zijn zwerftochten over het hoogland en ook zijn werk is waard om zoowel door den leek als door den geleerde bestudeerd te worden. De tekst, verlucht met 3 gekleurde kaarten, 57 platen en 24 tekstfiguren, geeft een helderen kijk op de wordingsgeschiedenis van dit grootsche complex. De groote verzameling van reproducties van foto's geven een indruk van de overweldigende natuur van dit monument.

De aschlagen van den Léboeagoeng ringwal aangesneden door de Banjoepait.

Tot nu toe was de inteekening op het geheele werk opengesteld voor f 45,—. Daar evenwel nog niet te zeggen is, hoe uitgebreid het geheel zal worden, is besloten, voortaan de verschijnende afleveringen ook afzonderlijk verkrijgbaar te stellen. Daarbij zijn de volgende prijzen vastgesteld:

Afl. 1. HET KLIMAAT VAN DEN IDJEN door Dr. C. BRAAK . . .	f 5.—
Afl. 2. DE GEOLOGIE EN GEOMORPHOLOGIE VAN DEN IDJEN door Dr. G. L. L. KEMMERLING . . . . ANALYSE VAN MERKWAARDIGE WATERSOORTEN OP HET IDJEN-HOOGLAND door Dr. H. W. WOUDSTRA . . .	„ 20.—

INTEEKENBILLET

G. KOLFF & Co. BOEKHANDEL WELTEVREDEN.

U gelieve te leveren:

....	ex. Braak, Klimaat v. d. Idjen à	f 5.—
....	„ Kemmerling, Geologie en Geomorphologie v. d. Idjen enz.	„ 20 —

WOONPLAATS NAAM:

....

....

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Weltevreden, April 1922

L. S.

BINNENKORT ver= schijnt afl. I van den drie en dertigsten jaar= gang van Teysmannia.

Dat Teysmannia recht van bestaan heeft en een plaats ver= overd heeft onder de toon= aangevende tijdschriften op 't gebied van wetenschappelijke, zoowel als practische land= bouw, behoeft niet meer bewe= zen te worden.

In den laatsten jaargang verschenen weder vele be= langrijke artikelen, waarvan wij hierachter eene opsomming geven:

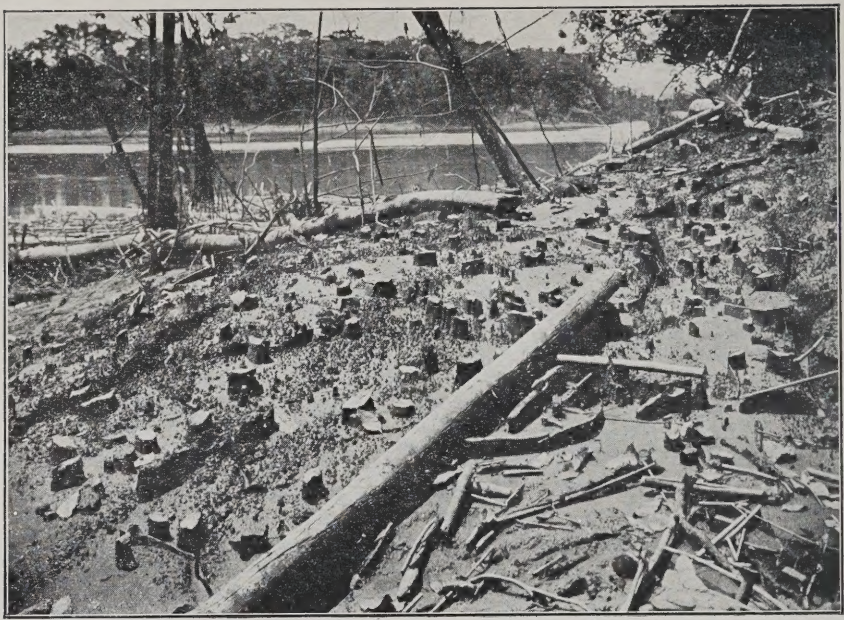

Fig. 4. Modderpyramiden aan den oever van de Idendurg=rivier bij het Prauwen=bivak bij zeer lagen waterstand. Ook achtergebleven drijfhout (auct. phot.)

Fig. 8. Moerasje bij het Radio=bivak (3260 M.), met grassen en Cyperaceae. De kleine boompjes op den achtergrond zijn Dacrydium's (auct phot.)

Afl. 1. Dr. W. BOBILIOFF. Over het oculeeren van Hevea brasiliensis.
Dr. J. J. SMITH. Sierheesters IV.
Dr. K. W. DAMMERMAN. Nieuwere onderzoekingen over malariamuskieten in Nederlandsch-Indië.
Dr. B. PALM. Slijmziekte in een rubberplant.

Afl. 2. H. J. WIGMAN Jr. Een paar geïmporteerde planten.
Dr. C. J. J. van HALL. Wilde Cacao.
Dr. C. J. J. van HALL. De aardappelwratziekte.
A. J. KOENS Stamselectie van aardappelen. Naschrift van Dr. C. J. J. van HALL.

Afl. 3. Dr. K. W. DAMMERMAN. Majoor P. A. Ouwens.
K. van der VEER. De Tractor III.
Onze Groentetuin III, E. R. van MAARSEVEEN. Inheemsche Molsla.
Naschrift van Dr. C. J. J. van HALL.
Dr. J. J. SMITH, Sierheesters V.
Dr. W. BOBILIOFF. De Mowraboom.
Dr. W. BOBILIOFF. Mogelijkheden op Nijverheidsgebied met goede kans van slagen voor Ned.-Indië.

Afl. 4 en 5. J. G. J. A. MAAS. Een eenvoudig systeem van Plantenboekhouding.
J. TH. WHITE I.i., Vaststelling van de waarde der voor de opsporing van de hoeveelheid, de samenstelling en den aard van de in den grond voorkomende verweeringsproducten gebruikelijke methode van onderzoek.
W. M. van HELTEN. Crotalaria usara moensis als vezelplant.
S. M. LATIF. De Gambir-Cultuur in de onderafdeeling Rawas (Residentie Palembang).
A. RANT. De Schimmel der Termieten.
Onze Groentetuin IV.
C. J J. van HALL. De klimmende Canavallia of Katjang Pransman
C. J. J. van HALL. Een Aardbeien-cultuur te Lembang.
H. W. HOFSTEDE. Het kunstmatig bevriezen van Visch.

Afl. 6. Dr. A. J. KLUYVER. Kwaliteitsverbetering der Nederlandsch=Indische Copra.
Dr J. J. SMITH. Sierheesters VI.
P. DAKKUS. De behandeling van rozen in tonnen en potten

Afl. 7 en 8. Dr. H. J. LAM. Iets over de botanische resultaten van de Noord=Nieuw Guinea=Expeditie 1920.
Dr. C. J. J. van HALL. De aardappelschurft en haar bestrijding.
Dr. C. P. HARTLEY. Eenige nieuwe onderzoekingen over de katjang=tanah.
Dr. J. J. SMITH. Sierheesters VII.
K. HEYNE Inheemsche molsla?
Dr. C. J. J. van HALL. Onze groentetuin V. Hollandsche Postelein of Zomerpostelein.

Afl. 10. Het Nederlandsch=Indische Natuurwetenschappelijk Congres.
Dr. C. E. HEUSSER. Kunstmatige bestuiving bij den oliepalm (Elaes guineensis).
Dr. J. J. SMITH. Sierheesters VIII.
P. DAKKUS. De vermenigvuldiging van planten.

Afl. 11 en 12. S. LEEFMANS. De klappertor en de palmsnuitkever.
J. G. J. A. MAAS. Het planten van oliepalmen.
I. Zaadkeuze.
II. Het bespoedigen der kieming van oliepalmzaden.
III. Het aanleggen van kiem= en kweekbedden.
IV. Het uitplanten en de keuze van palmvet.
Ir. Jhr. F. C. VAN HEURN. De bereiding van palmvet.
P. DAKKUS. De vermenigvuldiging van planten (*vervolg en slot*).
J. G. J. A. MAAS. Kwaliteitsbeoordeeling van Mimosa=zaad.
Dr. J. J. SMITH. Sierheesters IX.
Ir. J. Th. WHITE. De centralisatie van de bodem=kundige vakliteratuur.

Verder bevat iedere aflevering een rubriek *vragen en antwoorden*, waarin iedere vraag zoo zaakkundig mogelijk beantwoord wordt. Terwijl de rubriek „Sprokkelingen op Landbouw=gebied" een overzicht geeft van 't geen er voor belangrijks gepubliceerd is in binnen= en buitenlandsche periodieken.

Illustraties verduidelijken den tekst. Bijna ieder eenigszins belangrijk artikel wordt geïllustreerd. Bijgaand drukken wij enkele cliché's af, welke voorkwamen in den vorigen jaargang.

Hieronder vindt U de inhouds=opgave van afl. I en II van den nieuwen jaargang.

Dr. E. A. GAUMANN. Over ziekten van de pisangs.

Dr. C. J. J. van HALL. De gezondheidstoestand van onze cultuur=gewassen in de jaren 1920 en 1921.

Dr. EUG. M. M. PARAVICINI. Over schadelijke en nuttige weekdieren van tropisch Azië.

P. DAKKUS. Het veredelen van sierheesters en boomen.

D. J. G. van SETTEN. Iets over het ladangen in het algemeen en in de residentie Palembang in het bijzonder, een en ander in verband met de door sommige boschbouwkundigen voor=gestane boschpolitie.

Dr. A. J. ULTEE Abnormale Heveabladeren.

D. J. G. van SETTEN. De Podops=plaag in de rijst.

Dr. C. J. J. van HALL. Photographische afdrukken van weten=schappelijke artikelen als hulp bij literatuurstudie.

Dr. H. J. LAM. Rectificatie.

BOEKBESPREKING:

HAGER. Das Mikroskop (besproken door Dr. E. A. Gäumann).
JENSEN. De ziekten der tabak in de Vorstenlanden (besproken door Dr C. J. J. van HALL en S. LEEFMANS).

SPROKKELINGEN OP LANDBOUWGEBIED.

1. Bibitziekte en slijmziekte op zaadbedden bij Delitabak.
2. Het stekken van tomaten.
3. Het uitkiezen van zaadboomen bij oliepalmen.
4. Plantvoorschriften voor oliepalmen.
5. Het fermenteeren van muskaatnoten.
6. De bloemknopwants en de theezaadwants.
7. Mijten en andere theevijanden.
8. Verpakking van thee.

9. Wenken voor de zaadbehandeling voor de Delitabak.
10. Invoer in Nieuw=Zeeland van een parasiet van de wolluis.
11. Het ontstaan van lumprubber
12 Twee bacterieëele ziekten van de pisang in Nederlandsch=Indië.

Het tijdschrift staat onder redactie van Dr. W. BOBILIOFF, Dr. W. G. BOORSMA, Dr. C. J. J. VAN HALL, S. LEEFMANS, Dr. J. J. SMITH en den redacteur=secretaris K. VAN DER VEER, terwijl, zooals uit den inhoud blijkt een groot aantal medewerkers op verschillend gebied hun medewerking verleenen.

Niettegenstaande den zeer rijken inhoud van iedere aflevering is de prijs slechts *f* 12.— per jaar. Abonnementen worden aange=nomen in iederen boekhandel en bij de uitgevers:

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.... abonnement op TEYSMANNIA jaargang 33.

Naam: *Woonplaats:*

....

Fig. 6. Gezicht op de kroon van een kunstmatig bestoven oliepalm, 14 jaar oud. De vruchttros links op de foto woog 72 K.G.; de rechtsche 78 K.G.

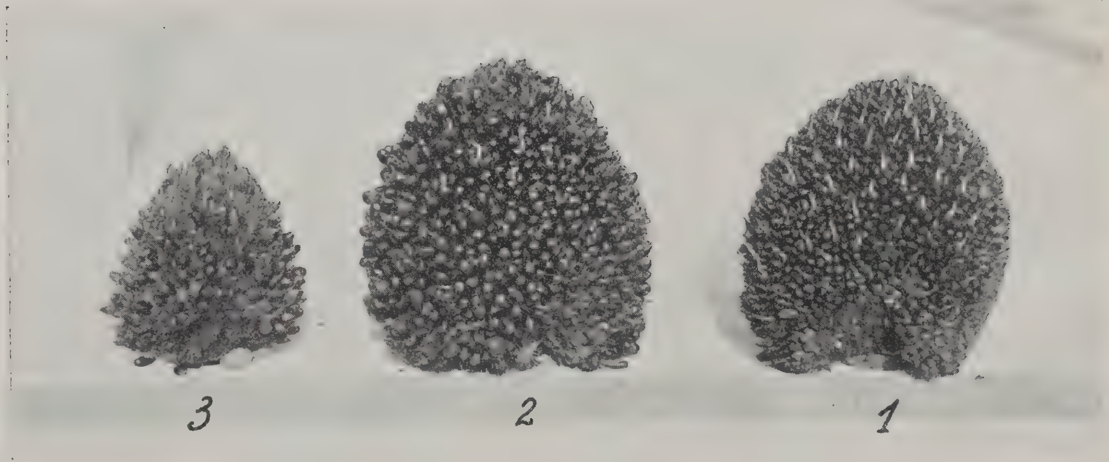

Fig. 5. 1) vruchttros, waarbij de bloemen direct na het opengaan kunstmatig bestoven zijn.
2) vruchttros, waarbij de bloemen 2 dagen na het opengaan bestoven zijn.
3) vruchttros, waarbij de bloemen 3 dagen na het opengaan (4den bloeidag) bestoven zijn.

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Part V.

Foreign-Edition

MEDEDEELINGEN VAN DEN BURGERLIJKEN GENEESKUNDIGEN DIENST IN NEDERLANDSCH-INDIË.

Waarin opgenomen:

Mededeelingen van het Geneeskundig Laboratorium.

REPORTS OF THE DUTCH-INDIAN MEDICAL CIVIL SERVICE

Including:

Reports of the Medical Laboratory at Weltevreden

G. KOLFF & Co., Batavia — Weltevreden.

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C. D. DE LANGEN,
H. W. HOESEN en
J. HUIZINGA (17 DJAMBOELAAN—WELTEVREDEN.)

ANNO 1922
PART V.

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Annual Report of the Civil Medical Service in the Netherlands East Indies for the year 1920 343

ANNUAL REPORT
of the
CIVIL MEDICAL SERVICE IN THE NETHERLANDS EAST INDIES
for the year 1920.

Organisation of the Civil Medical Service and General Affairs.

The districts Menado and Gorontalo of the Residency of Menado were raised to a separate medical division, the exercise of the medical control on behalf of the Government being entrusted to the senior Army Surgeon at Menado. This step was taken because the great distance between this important and closely populated district — the Minahasa — and the acting Inspector's station at Makassar was felt to be a real drawback, rendering direct supervision, even in urgent cases, entirely impossible.

No further alterations were made in the medical and inspectorial districts.

The following situations were created : that of technical inspector, of officer for legislation, and of advisor for medical propaganda. (Vide the Chapters concerned). The situation of Head of the Administration, instituted provisionally, was made permanent.

Preparations were made for the 4th Congress of the „Far Eastern Association of Tropical Medicine", which will be held at Weltevreden in August 1921. To defray the expenses in connection with this Congress, a sum of f 80 000.— was entered in the Preliminary Budget for 1921, whereas the Head Inspector was ordered to travel to Japan, the Philippines, Hongkong, Indo-China and Malacca, in order to promote the interests of the Congress above mentioned.

Personnel.

As in former years, so in 1920 a shortage of personnel prevailed in various branches of the service.

In the course of the year under review, 24 Government Medical Officers were appointed, whereas 17 names had to be removed from the list either on account of death, or dismissal, or because of being appointed to a higher situation, so that on the first of January 1921 there were in the service 80 Government Medical Officers, including those appointed at the Lunatic Asylums, those in the Anti Plague Service, and those in other Government Departments.

No dentists entered the Government service. A private dentist at Weltevreden kindly undertook to hold a dental policlinic at the „Stovia" (School tot opleiding van Inlandsche Artsen, i.e. Training College for Indian Doctors).

During the Schoolyear 1919-'20, 13 Government Indian Doctors left the Stovia, 12 of whom in 1920, and 1 in 1919; 4 had to be removed from the list on account of death or dismissal from the service, so that there were 180 Government Indian Doctors and Doctors Djawa on the 1st of January 1921. The Training College at Sourabaya (the „Nias") did not yet supply any qualified Indian doctors in 1920.

A new regulation for the salaries of Indian Doctors came into operation. According to the new rule, Indian Doctors now draw a monthly salary of f 250.— with four three-yearly increases of f 50.— each, and two three-yearly increases of f 25.— each. Moreover an additional f 100.— per month is allowed them, when, in the absence of a European Medical Officer, they are put in charge of the Civil Medical Service and the supervision of Vaccination in the district of a Civil Medical Officer. Assistant lecturers at the Stovia and the Nias enjoy an extra addition of f 50.— per month.

With regard to the European nursing staff it was decided that, in Government Hospitals, one 1st class female nurse should be put in charge of every 50 beds, and that there should be one headnurse over every four first class nurses, with this restriction, however, that one headnurse might be appointed at Hospitals of less than 200 beds.

At the end of 1920 the number of native qualified nurses (male and female) in Government Hospitals amounted to 165, 15 of whom were 1st class nurses.

The Head Office continually experienced the greatest difficulties in obtaining a sufficient number of suitable persons for its staff. In order to cope with the tremendous amount of work on hand, items were entered in the Budget for 1921 with a view to the appointment of two more referendaries, one editorial clerk, two headclerks, one second clerk, and one forwarding clerk.

Vital statistics.

On the 1st of November 1920, the registration of deaths was introduced in the Residency of Djambi. In 1919 this registration had been made compulsory in Palembang as well as in the Residencies of the Lampong Districts (with the exception of the district of Telok Betong, where it had been introduced as early as 1915) and Benkoelen.

With regard to the mortality in Java and Madoera compare appendices 1, 2 and 3. The curves show that, in a general way, the death-rate during the first half of the year is somewhat higher than in the latter, whereas the months of June and July show a distinctly raised death-rate. The averages are (per thousand per year):

	1st quarter	2nd q.	3d q.	4th q.	year.
Java and Madura	24.1	22.8	22.9	22.4	23.1
East Java	24.7	24.5	23.1	22.4	23.7
Central Java	26.7	24.9	24.6	23.7	25.
West Java	19.4	17.7	19.9	20.2	19.3

In the four-weekly curves of the various divisions, the above mentioned collective curves have been analysed into their component parts. Many of these show a fall in the month of June, with a subsequent rise, consequently their course is more or less uniform. The curves for East Java without exception show a marked rise towards the end of the year.

With regard to this increased death-rate the following explanation may be given:

Various increases are not due to any definite disease, but to an accidental coinciding of a simultaneous slight increase in the rate of deaths in various dessa's (native villages) or subdivisions of the district.

In West Java no striking increases occurred, except in the district of Batavia, which district comprises exclusively the city of this name and Tandjong Priok. The curve representing this district rises to an average of 49 $^0/_{00}$, and reflects the unfavourable sanitary conditions of this big town. This factor should not be overlooked when considering the curves for the divisions Semarang and Sourabaya (43.5 and 45 $^0/_{00}$ respectively), which numbers are influenced in no small degree by the death-rates in the cities of these names.

In Central Java the high average of deaths in the division Semarang in the former half of the year should be ascribed to influenza, in June, July and August to malaria. The very high death-rate at Kendal in December, at Koedoes in the early part of the year is accounted for by influenza, and at Demak during the period July-October by malaria. The top of the curve for Pekalongan in July finds its explanation in influenza, the one for Madioen in June-July in influenza and malaria. The increased death-rates in the divisions Banjoemas and Poerbolingo were also caused by influenza. The high death-rates at Temanggoeng, Wonosobo and Magelang are due to the plague raging in these districts. The increased number of deaths in the first half of the year in the Djocjakarta divisions is ascribed to influenza, at Koelon Progo also partly to malaria. Also the slight increases in the district Soerakarta are due to influenza.

Wherever the death-rates have increased in the East Java divisions, this should without exception be ascribed to malaria. The high average for this district during the last week of the year is due to a coinciding of high death-rates in nearly all divisions (probably also due to malaria). On this

account the number of deaths which at other times varies between 4200 and 5200 rises in one week above 9000.

Again influenza was the cause of the increased death-rates in the divisions Palembang, the Palembang Lowlands, Ogan and Komering Oeloe. In the division Telok Betong, malaria and dysentery were the chief reasons for the increase.

The returns of births are not deemed sufficiently reliable to justify their publication. In the districts where the number of births is conspicuously low, as for instance in New Guinea in the course of the year, (Vide the chapter on venereal diseases), an enquiry is always made into possible causes.

Causes of Death. Prevalent diseases.

The post mortem examination of natives and foreign Orientals was made compulsory at Soekaboemi, Palembang, Pematang Siantar and Bandoeng.

Appendix 4 gives a survey of the deaths among Europeans at Batavia, Semarang, Sourabaya, and at those places, where the post mortem examination of Europeans is compulsory (Vide Annual Report for 1919). These returns give rise to the following remarks:

The number of deaths caused by typhus abdominalis is everywhere considerably below that of last year;

In comparison with other places, Semarang has by far the highest deathrate for malaria;

Influenza largely contributes to the high death-rates;

Especially at Sourabaya, the number of deaths from tuberculosis is high. More than one fifth (21.1%) of the total mortality is due to this disease, together with the diseases of the respiratory organs. Also the other towns show high percentages for these two rubrics.

The rubric for cancer and other tumors shows the highest figures at Batavia.

As also last year, Sourabaya has the highest aggregate for diseases of the digestive organs.

Appendix 5 gives a survey of the number of cases in which home leave was granted to Civil Servants on account of illness. As also last year, the very large number of psychotic and functional neurotic cases (63% of the total number of reasons for granting home leave) is very striking.

Appendix 6 gives a survey of the number of cases in which inland leave was granted on account of illness.

In the case of European Civil Servants the principal reasons for granting leave were: psychoses and functional neuroses 23%, malaria 18.4%, venereal diseases 6.6%, diseases of the digestive organs 6.1%, and tuberculosis 4.5%. In the case of Native Civil Servants these reasons were : malaria 20.7%, eye diseases 12.7%, tuberculosis 11.5% (together with the diseases

of the respiratory organs even 19.1%) and venereal diseases 10.9%. These averages are practically the same as last year's.

Appendix 7 gives a survey of the diseases and (where these occurred) deaths of the patients who entered the Central Civil Hospitals at Batavia and Sourabaya, the Hospital of the Constabulary at Soekaboemi, and Boedi kemoelian at Weltevreden. In deviation from last year's report, the rubric „Diseases in consequence of external causes'' heads the list with 12.3%, closely followed by malaria 11.6%, and diseases of the respiratory organs and venereal diseases 10% each. Tuberculosis here ranks only 7th with 4.7% As regards causes of death, as in last year, the rubric „diseases of the respiratory organs'' tops the list with 25.5%, followed by tuberculosis 11.9 (that is together 37.4, a terribly high percentage). Dysentery and diseases of the digestive organs show 10.1% and 9.7% respectively, and in the fifth place we find malaria with 7.8%.

The proportion of the number of fatal cases to the number of patients treated in the Hospitals mentioned in the rubric above, is 12.2%. In the Civil Hospitals (Appendix 8) this proportion is 7.9%, in the subsidised Hospitals (Appendix 9) it is 4.9%, and in the subsidised Auxiliary Hospitals (Appendix 10) 4.8%.

As regards the death-rate in the Civil Hospitals, a great divergence is noticeable in the numbers returned by the individual Hospitals. Pandeglang 0.5%, Blitar 32.7%. Among the causes of death in these Hospitals physical exhaustion again heads the list with 24.8%. The reasons why this percentage should be so large were explained in last year's report. Next comes the rubric „diseases of the respiratory organs'' with 11.4%, followed by the rubrics external causes, dysentery, and malaria with 9.9%, 6.9% and 6.5% respectively. Tuberculosis takes a lower place on the list, its percentage being only 3.9%. Last year's remarks on these rubrics might be applied here.

Medical Laboratory.

The Government decided to allow funds for a considerable extension of the Medical Laboratory. The existing Laboratory will be split up into two divisions:

Division A for hygiene, bacteriology, parasitology, pathology, and tropical physiology;

Division B for chemistry, (hygienic) pharmacy, pharmacology and toxicology.

As regards the building, this enlargement will be carried out by extending the two wings, and by connecting these extended wings by a row of rooms. No other alteration in the use of the building was made.

The following official tours were made by the Director:

From the latter part of February to the early days of March to

Bandoeng, Tasikmalaja, Semarang, etc. for the examination of water, and the holding of various meetings for discussion.

From the 3d of April to the 15th of that month, he visited Palembang for the purpose of ascertaining rat plague.

In July he went to Medan, Sibolga and Padang to study various questions in connection with the water supply, and the removal of faeces.

The following tours were made by other Laboratory experts:

March 1 — 5 to Malabar for the examination of the radio-activity of the water in various so-called medicinal springs.

From the end of May to the beginning of June to Kediri for the examination of the urine of patients suffering from the so-called „edema" disease.

On the 22nd of January a meeting was held at Buitenzorg to discuss the examination of the soil, which discussion was continued May 19th and 20th.

Soekaboemi was visited March 17-April 3d to examine the state of pollution of the local fish ponds and the possibility of their automatic purification.

Towards the end of April, Tasikmalaja, Garoet, Semarang and Pemalang were visited for the purpose of examining the local water supply. Semarang, Koedoes and Magelang were visited for the same purpose in the middle of July.

Discussions in connection with the local water supply were held at Soekaboemi on the 22nd and 23d of August.

The drinking water was re-examined at Bandoeng and Garoet on the 11th—13th of October.

Towards the end of November a visit was paid to Sindanglaja for the purpose of examining the water supply at the Sanatorium for patients suffering from tuberculosis at Patjet.

During the last week of December the water was examined at Magelang, Cheribon and Semarang.

As regards the work done in Division A, the following examinations were carried out:

Examinations of a diagnostic nature.

Nature of the Examination	Number.
Wassermann reaction according to Boas	1155
Typhus and paratyphus according to Widal	253
Typhus and paratyphus by culture from feces and urine sediment	31
Typhus and paratyphus by culture from blood	25
Examination of feces for dysentery bacteria	190
Examination of feces for amebae and other intestinal parasites	244
Examination of feces for cholera vibriones	106

Examination of mucous secretion from throat and nose for diphtheria bacteria	68
Examination of spinal liquor for meningococci	75
Examinations of a pathological anatomical nature	43
Examination for bacilli tuberculosis	32
Examinations on behalf of the Court of Justice	570
Other examinations	34
Examinations for rat plague	20
Examinations for human plague	224
Total	3070

In the course of the other examinations, feces were tested for bacilli tuberculosis, blood for germs of sepsis, pus for micro-organisms.

Since 1920 Wassermann's reaction has been carried out according to Boas's method. Also this year Sachs-Georgi's reaction was applied in addition.

Of the 1155 sera which were sent up for examination, 52 did not respond to the reaction on account of „self-frustration''. Many of these non-responsive sera came from other places, but some came from the Central Civil Hospital at Salemba. 13 of the sera were found on arrival to be tainted.

Of the remaining 1047 sera, 520 reacted positively and 520 negatively, whereas 7 reacted slightly positively.

253 times, serum was sent in to be examined for agglutinins of bacterium typhi and paratyphi.

Also these sera were analyzed by titration according to Ficker's method for typhus as well as for paratyphus A and B.

Of the 253 sera 152 reacted negatively and 101 positively.

In the sera which reacted positively, the result of the reaction as regards the three antigens was as follows:

Positive only for typhus	76
Positive for typhus and paratyphus B.	5
Positive for paratyphus A	12
Positive for paratyphus B.	3
Positive for typhus and paratyphus B.	4

Bacterium paratyphi could only once be isolated from the 27 samples of feces sent up for examination.

From blood of patients, who were supposed to be suffering from enteric fever, only twice micro-organisms viz. bacterium paratyphi A, could be cultivated, by mixing up the blood with gall.

Only once bacteria typhi were isolated from pus.

Twice urine was sent in for examination for typhus bacteria.

244 examinations were made of feces for amebae tetragenae. In 62, the presence of parasites could be demonstrated, as the following table will show:

Cysts of entameba tetragena	2	times
Minuta stadia of entameba tetragena	6	,,
Cysts of entameba coli	8	,,
Entameba coli	4	,,
Ova of ascaris lumbricoides	11	,,
Ova of trichocephalus dispar	11	,,
Cysts of lamblia intestinalis.	8	,,
Ova of anchylostoma duodenale	4	,,
Trichomonas hominis	2	,,
Monomonas	1	,,

189 examinations of feces were made for dysentery bacteria. 174 of these were negative, in 3 cases Shiga-Kruse bacilli, in 3 Flexner-, and in 9 Y-bacilli were positive.

The feces of 106 persons were examined for cholera vibriones, but in not a single case could the cholera vibrio be detected.

68 examinations of phlegm from the throat were made for diptheria bacteria, with the result that 45 were negative and 23 positive.

Twice fusiform bacilli and spirilla could be demonstrated in phlegm, which enabled us to state with certainly the ,,Plaut-Vincent'' diagnosis for angina.

Material for examination for bacilli tuberculosis was sent in 32 times, viz.: Urine twice with negative result. Sputum 24 times, with 7 positive results. Feces once, with negative result. Pus 4 times, with negative result.

Liquid obtained from the knee-joint by puncture once, with negative result.

Material for pathological-anatomical diagnostics was sent in 43 times.

570 objects, sent in by 297 public prosecutors were examined for blood and sperm stains.

In 1915, 1916, 1917, 1918 and 1919 these numbers were 573, 575, 578, 572 and 638 respectively.

In 1920 these examinations were positive 143 times, in 1919, 142 times, in 1918, 162 times, in 1917, 164 times, in 1916, 150 times and in 1915, 152 times.

Seventeen times bloodstains were examined for cow-blood with 5 positive results.

Twelve times stains were examined for sperm with negative result.

The examinations of a more scientific nature, in so far as they have been completed, have been published in the Mededeelingen van den Burgerlijken Geneeskundigen Dienst 1920, Volumes II and III (Vide appendix 15).

We were not successful in infecting monkeys with the larvae of Anchylostoma duodenale and caninum.

The course for training students for bacteriological analysts opened on the first of July. It was found that the acquisition of various objects for

educational purposes, as well as a suitable place to work in, are absolute necessities for this course if it is to produce satisfactory results in the future. These points were kept in view when it was decided to extend the course with a second year at the beginning of 1921. The necessary preparations were, for the greater part, completed towards the end of the year under review.

The work of Division B comprised the following:

a. Routine examinations.

The examination of a great number of samples of milk proved that the milk supply at Batavia is still in a deplorable condition. Nearly all samples were adulterated.

A number of samples of rice were examined for the proportion of $P_2 O_5$. Besides these, various other food-stuffs, contents of stomachs and parts of corpses were examined.

b. Scientific Examinations.

The examination of about 30 forms of food-stuffs for their percentage of anti-beriberi-vitamins was completed. When the results of these examinations were registered, we met with a few difficulties, which led us to accept the thesis that besides the proportion of vitamin in food, there must be other factors which have a certain influence on the appearence of polyneuritis aviarum.

We made a beginning with the examination of the food value of rice from the district Korintji which had been stored up for more than a hundred years.

A sample of prepared yeast, Vitamom from the Vitamom A. S. at Copenhagen was examined for its percentage of anti-beriberi vitamins. This percentage proved to be about as high as that of dedek (bran of rice).

A start was made with complete analyses of the urine of a number of persons with a view to studying the nutrition and the metabolism in this country. Nitrogen on the whole proved to be present in lower percentages than those which EYKMAN found. As regards the division of nitrogen in the urine, the percentage of ureum proved to be very high, that of ammonia high.

The urine of some patients suffering from the edema disease on account of the shortage of food at Toeloeng Agoeng and elsewhere, did not contain any ureum at all, but carbonate of ammonium instead.

A beginning was made to try and isolate the antiberiberi-vitamin. In order to have a handy means of ascertaining whether a certain fraction contains vitamin or not, we endeavoured after the example of American investigators, to find out whether the antiberiberi-vitamin is identical with the material which promotes the growth of yeast cells. Up to the present moment no differences could be found.

Moreover MAC LEAN's new method for testing the blood for sugar was tried. A slight alteration in the method, made it simpler and more correct.

The experiments with regard to a better method of preparing baker's yeast were continued.

For a full report on the Medical Laboratory vide the Mededeelingen van den Burgerlijken Geneeskundigen dienst 1921, Vol. III.

Government Vaccine- and Pasteur-Institute at Weltevreden.

Courses on vaccination for Natives. In 1920 three courses were given which were attended by 25 pupils from the residencies Bantam, Preanger Residencies, Semarang, Kedoe, Kediri, Soerabaya, Pasoeroean, Madioen, Bali and Lombok, Benkoelen, Palembang, Celebes, Menado, Southern and Eastern division of Borneo and Timor.

One pupil left the course without giving notice, one pupil was dismissed at his own request. 23 pupils obtained their diploma.

Three vaccinators from Celebes who had not had any training at the Government Vaccine-Institute also followed the lectures. When they had completed the whole course, they also received their diploma.

Production of Vaccine. The production of vaccine was amply sufficient in 1920.

Quantities of vaccine despatched. In 1920 supplies of vaccine were sent out to the number of 21779 (22129 in 1919), consisting of 12989 capillaries (16271 in 1919), 102002 capillaries with large tubes ofglycerin (90047 in 1919) and 65268 capillaries with small-sized tubes of glycerin for diluting purposes (63070 in 1919). Altogether therefore 180259 capillaries of glycerin-vaccine (169388 in 1919) were forwarded.

The vaccine forwarded in 1920 was sufficient for vaccinating 9673135 persons (8726980 in 1919), so that a supply was sent out for vaccinating about 946000 more people than in 1919.

The average number of parcels of vaccine sent per day was 60 (61 in 1919) These parcels contained sufficient vaccine for 26501 persons (23906 in 1919).

Results obtained with the vaccine sent. According to the returns to hand, 98% of the vaccinations under control and made known to us, were successful, that is „took'', in Java and Madoera (97% in 1919).

In the other parts of the Archipelago so far as we know, 92,3% of the vaccinations controlled, took (90,4% in 1919).

The total number of vaccinations carried out amounts to 1157050, 803374 of which were controlled, and 779118 of which took, so that the average result obtained in 1920 for the whole of the Netherlands East-Indies was 96,9% (95,2 in 1919), which indeed may be called very good.

Vaccinations at the Government Vaccine-Institute. In 1920, 2209 persons were vaccinated at the Institute viz. 260 Europeans, 1784 Natives, and 156 soldiers, wives and children.

Pasteur Institute. In the course of the year 1920, 1255 persons applied for advice and treatment (958 in 1919).

From information obtained, it was evident that 367 of them needed no treatment. The other 888 persons (402 Europeans and 486 natives) were all treated.

As a result of the observation of the animals which had bitten them, 38 persons were able to be dismissed from treatment again after a few days. 94 persons (64 Europeans and 30 natives), who underwent a complete cure, might have been dismissed at once, as the examination of the brains of the animals which had caused the infection, proved that they had not suffered from rabies.

The treatment therefore of 756 persons was absolutely necessary viz. 315 Europeans and 441 natives (Vide Appendix 10a).

On the first of January 1920, 13 persons (4 Europeans and 27 natives) were still under treatment from the previous year, whereas, the treatment of 55 persons (21 Europeans and 27 natives) was not yet completed on the first of January 1921. The report therefore refers to 756 + 31 — 55 = 732 persons (298 Europeans and 344 natives):

Six Europeans and 35 natives did not present themselves again after a few days of treatment, whereas 9 persons died during their treatment, i.e. 6 of lyssa, and 3 of other diseases. The dog which had bitten a native who was still under treatment from the year before, proved not to have been mad.

Appendix 10a gives a survey of the 682 persons grouped under the usual headings, viz.:

A. rabies proved by the presence of Negri bodies, by inoculation, or by thefact that other persons or animals, infected by the same animal, died of lyssa.

B. rabies ascertained by an expert after observation or dissection.

C. rabies deduced from the report of patient or bystanders, in which case the place where the patient was bitten is taken into consideration.

Mortality of patients who underwent a complete cure, or only part of one. As in former years, four-monthly enquiries were made from the local anthorities about the patients who, through their intermediacy, had been sent to the Pasteur Institute. Information obtained thus and otherwise, showed that in addition to the six patients above mentioned, who died during the treatment, another two died of lyssa a few days after the conclusion of the treatment, viz. 1 European and 1 native. The total number of deaths from lyssa therefore has to be put at 8 (7 natives and 1 European). None of these cases should be considered as cases in which the treatment was not successful.

Autopsies performed on animals suspected of rabies. Eighty-four bodies and heads of animals were sent up for examination viz. 72 dogs, 9 cats and 3 monkeys.

In 9 cases the examination for rabies was given up because of the clinical symptoms returned and the result of the section.

In 14 cases the examination was no more possible on account of a too far advanced state of descomposition.

The remaining 61 bodies were all examined. In 5 cases the process of rotting had reached such a stage that, when the microscopic examination proved negative, the biological examination could no more be carried out. If we do not count these cases, rabies could be definitely stated 33 times after examination of the remaining 56 bodies, i.e. 58%.

Examinations of brains. Altogether 187 parcels containing brains of animals suspected of rabies were received from the various parts of the Netherlands East Indies.

Two of these required no examination as further information proved beyond a doubt that the animal in question had not been suffering from rabies. Ten parcels contained material in a more or less advanced stage of decomposition. Thirteen times we received material suitable for the microscopic, but not for the biological examination. 162 parcels were satisfactory in every respect.

The examination of 9 of these has not yet been concluded. Of the remaining 153 parcels we could definitely state rabies in 109 cases, i.e. 71.2%. Of the 23 cases in which the material was either not complete or decomposed, the examination was only ten times positive, i.e. 44.4%.

Taking sections performed and examinations of brain material together, we find that in 1920, 187 + 84 = 271 applications were filed for examinations for rabies.

	Number of cases	Positive	%
Not examined because of clinical symptoms, result of section, or decomposition	25	—	—
Partially examined on account of partial decomposition, and because material had been forwarded for the microscopic examination only..................	28	10	35.7
Examinations not yet completed	9	—	—
Examinations completed.....................	209	142	67.9
	271	152	56.1

The list below will give the places of origin and the number of these positive cases.

Bantam	5	Pasoeroean	13
Batavia	24	Preanger	43
Besoeki	17	Celebes	1
Cheribon	6	Borneo	1
Djokjakarta	8	Banka and Biliton	6
Kediri	14	Sumatra	7
Kedoe	7		

Fatal cases of lyssa thirty days or more after commencement of treatment. As appears from the above, cases of lyssa after more than thirty days from the commencement of the treatment — which would mean a non-successful treatment — did not occur this year.

Symptoms of paralysis during treatment. Cases of paralysis, such as are occasionally met with either during or as a result of the antirabic treatment, did not occur in 1920. The last case was noticed in the course of 1916.

Remark. In the course of the months of May and June many cases of the so-called „Staüpe" were noticed locally. This is a nervous form of canine disease which, in some cases could with difficulty be clinically distinguished from rabies, so that the biological examination had to decide.

Vaccins and Sera.

A. *Prophylactic Vaccins.*

Anti-cholera vaccin. This was supplied in 1920 to the amount of 233.755 cM^3. Besides this a supply of 636.513 cM^3 mixed Anti-cholera-typhoid vaccin was sent out.

As 1 cM^3 mixed anti-cholera-typhoid vaccin contains as many cholera germs and typhoid germs as 1 cM^3 anti-cholera vaccin + 1 cM^3 anti-typhoid vaccin, a quantity of vaccin equivalent to the usual anti-cholera vaccin was forwarded in 1920 amounting to 870.268 cM^3 of anti-cholera vaccin (3.859.144 in 1919).

The anti-cholera vaccin in the cholera depots was duly replaced by fresh supplies. Cholera did not appear anywhere epidemically in the course of 1920, consequently we could not form an opinion as to the practical value of these cholera depots.

Anti-typhoid vaccin. Polyvalent anti-typhoid vaccin (anti-typhoid and paratyphoid A vaccin) was supplied to the amount of 56.316 cM^3. This quantity together with the 636.513 cM^3 mixed anti-cholera-typhoid

vaccin makesa total of 692.829 cM^3. This quantity would be nearlys ufficient for treating 231.000 persons against typhoid.

Twenty ampules of 1 cM^3 each of the therapeutic anti-typhoid vaccin were sent out.

Anti-meningococcic vaccin. This was supplied to the amount of 147.774 cM^3.

B. *Therapeutic vaccins and diagnostica.*

Polyvalent anti-staphylococcic vaccin. 4.012 cM^3 were forwarded (3.316 in 1919).

Anti-gonococcic vaccin. This was supplied to the amount of 21.763 cM^3. (16.880 in 1919), packed as follows: 20.423 ampules á 1 cM^3; and 266 bottles á 5 cM^3.

Auto-vaccin. Thirteen auto-vaccins were prepared by request of various doctors (41 in 1919).

Alt Tuberculin. 615 capillary tubes were supplied for PIRQUET's reaction (388 in 1919), 60 bottles á 5 cM^3 (57 in 1919), and 750 ampules á 1 cM^3 (1.078 in 1919).

Bouillon filtré Denys. Of this we supplied 900 ampules (301 in 1919).

FICKER's diagnosticum. This was supplied to the amount of 1135 bottles of 10 cM^3 for typhoid, 818 for paratyphoid A and 716 for paratyphoid B, altogether 2669 bottles (2053 in 1919).

C. *Therapeutic Sera.*

Antitetanic serum. A supply of 8541 ampules of 10 cM^3 (6646 in 1919) was forwarded, viz. 7717 for inoculating persons (6167 in 1919) and 824 for inoculating horses (479 in 1919).

Antidysenteric serum. 3741 ampules of 10 cM^3 and 9305 ampules of 20 cM^3 were forwarded, being altogether 223.51 Litres (112.76 Litres in 1919).

The supply of antidysenteric serum in 1920 was therefore nearly twice as large as in 1919. In order to cope with the continued increase in the demand for this serum, it was decided to enlarge the stabling accommodation with boxes for ten horses. This alteration was to be carried out before the Pasteur Institute offices were removed to Bandoeng.

Antimeningococcic serum. Of this serum a supply of 1501 ampules of 10 cM^3 and 1293 ampules of 20 cM^3 was forwarded, being in toto 40.87 L. (16,95 L. in 1919).

Antivenomous serum. Many difficulties were experienced again in the preparation of this serum, so that at the end of the year under review only one horse was satisfactorily immunized. This serum has not yet been supplied.

Normal equine serum. 290 ampules of 20 cM^3 of this serum were supplied (213 in 1919).

Quarantine- and Epidemic Ordinances.

Two important alterations were introduced into these ordinances in the course of the year under review.

Primo, ,,that a place can be declared infected with plague not only on the ground of duly ascertained man-plague, but also on account of rat-plague''. Secundo, ,,that place or districts outside the Netherlands East Indies, local circumstances taken into consideration, can be declared infected or free from infection, as much as possible according to the rules laid down for home seaports''. These alterations allow the Head Inspector of the Civil Medical Service a much greater amount of freedom of action, and make him entirely independent of the Sanitary Conferences of Paris (1903) and Venice (1900).

The following places were declared infected in 1920:

With *plague*: Alexandria, Amoy, Port-Said, Sandakan and Swatow; in the Netherlands East Indies various parts of the Residencies Batavia, Semarang, Kedoe, Pasoeroean and Soerakarta.

With *cholera*: Amoy, Bassein, Singapore, Swatow and Saigon.

With *small pox*: various places in and parts of the Residencies: Benkoelen, Amboina and Banjoemas.

The table below will give an idea of the quarantine bus iness done in some of the Netherlands East Indian ports in 1920. The numbers refer to the ships that entered with the quarantine-flag (almost exclusively on account of plague).

Tandjong Priok	716
Semarang	469
Pekalongan	106
Tegal	90
Tjilatjap	30
Djoeana	24
Rembang	51
Grisee	11
Soemenep	97
Pasoeroean	258
Probolinggo	10
Sitoebondo	38
Besoeki	1
Banjoewangi	25
Karang Asem	7
Singaradja	92
Ampenam	25
Palembang	110
Djambi	4
Benkoelen	13
Sabang	220
Muntok	26
Menado	7

The following table gives a survey of the number of ships fumigated at Tandjong Priok during the last six years.

Year	Number of ships which entered quarantine	Fumigated according to the Quarantine-Ordinance	Fumigated by owners' request.
1915	202	31	114
1916	232	28	74
1917	532	25	34
1918	681	28	31
1919	593	52	19
1920	716	265	24

The following may be said of the different quarantine stations:

Onrust-Kuiper. Various categories of coolies, emigrants and deck passengers, 8079 in all, were under observation for a longer or shorter period. Of these 59 died, of dysentery and diarrhoea 22, of influenza and diseases of the respiratory organs 14, of beri-beri 10, of malaria 4, and of meningitis 4.

Medan, Gloegoer Station. In the early part of the year contract coolies, among whom meningitis had broken out, were kept under observation. In the months of August, September and October steerage passengers on board ships from Singapore were observed with a view to possible cholera.

Poeloe Roebiah. Djeddah pilgrims who returned in September and October (1839 in all) were kept in quarantine. Of these 5 died, 3 of dysentery, 1 of beri-beri and 1 of dyspepsia.

Part of the quarantine buildings Sempoh at Semarang was presented as a „Refuge" to the Society „Pro Juventute".

The building of a quarantine station for Makassar in the island of Lae was temporarily abandoned.

A clayton apparatus was stationed at Menado.

Account of the principal diseases.

With regard to the different diseases during the year 1920, the morbidity- and mortality-figures for cholera, smallpox, diphtheria, typhoid fever, bacillary dysentery and cerebrospinal fever, and the mortality-figures for plague over that year for Java and Madura and for Southern Sumatra are given in Appendix 11.

Besides the following may be mentioned:

Cholera.

In the course of the year a few sporadic cases of cholera appeared here and there, viz. at Pandeglang, Meester Cornelis, Bandoeng, Cheribon, Magelang and at a few places in the Outer Provinces. Altogether 40 cases with 13 deaths were notified in the Archipelago [1]).

Smallpox.

In spite of much toil and time, which were spent in order to get good vaccination-conditions, and notwithstanding the zeal and the application of the staff of vaccinators, rather a great number of cases of smal pox occurred here and there.

In total in the medical ressort West-Java 1336 cases with 261 deaths (mortality 19.5%), among which a slight epidemic at Soekaboemi (50 cases with 19 deaths). Besides in the divisions Bandjarnegara, Poerwokerto and Tjilatjap of the residency Banjoemas (863 cases, 160 deaths, mortality 18.5%), and in the division Wonosobo of the residency Kedoe (301 cases, 67 deaths, mortality, 22.2%).

The total number of cases notified in Java and Madoera amounted to 2400, with 467 deaths, giving a mortality of 19.5%. Last year these figures were 4383, 936 and 21.

With regard to the Outer Provinces reports of smallpox were received from the sub-division Ogan Ilir (residency Palembang), where the inhabitants generally were not very eager to be vaccinated; afterwards the number of cases went down quickly, the attendance at the vaccination having improved a good deal; in the whole residency Palembang 1939 cases, 921 deaths, mortality 47.5%; probably only the more serious cases were reported here. In the residency Benkoelen sporadic cases and slight epidemic (in all 292 cases, 60 deaths, mortality 20.5%). Besides sporadic cases were reported from Asahan (Sumatra's East Coast), from the Toradjalands and Engrekang (Celebes), and from the residency Amboina (chiefly from Ceram and Saparoea).

In the medical ressort West-Java the separated system was introduced in the division Meester Cornelis and in the residencies Cheribon and Preanger Regencies. It is very important, that this introduction should be lead and checked by a Provincial medical health officer.

The new vaccine-regulations for the residency Palembang, dividing the residency into 10 vaccination-districts came into force the 1st of January. In the course of the year however some districts appeared to be too large, to

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1) The diagnosis of these cases was made on clinical data. As mentioned already the bacteriological examination made at the Geneeskundig Laboratorium, was always negative.

be duly visited by one single vaccinator, so that the number of districts was increased up till 14.

By decree of the Head of the Civil Medical Service vaccine regulations were enacted for the residency Wester Afdeeling van Borneo, dividing this residency into 12 vaccination-districts.

By the Headoffice of the Civil Medical Service a ,,Verzameling Voorschriften betreffende den Vaccinedienst'' (Collected Regulations concerning the Vaccination-service) was published.

Plague.

The total number of victims amounted to 9152 (of whom 162 died of pulmonary plague). More than half of the cases occured in the division Temanggoeng; besides the divissions Wonosobo and Magelang suffered heavily, less heavily the divisions Salatiga, Sourabaya and Kendal, whilst sporadic cases occurred in the divisions Pasoeroean, Bangil, Lamongan, Madioen, Djokjakarta, Bojolali, Semarang and Batavia.

Outside Java no cases of human plague were reported.

In June plague-rats were found in the goods-sheds at Tandjong Priok. In September the first cases of human plague occurred in that place and in Batavia: in the course of the year in both places altogether 13 people were seized with plague and died thereof. The Director of the Municipal Health Service at Batavia was appointed Local Head of the anti-Plague Service in both places : he started his activities with a thorough cleaning of Tandjong Priok and of the business-quarter at Batavia.

In August rat-plague was diagnosed at the managers house of the Tegal Waroe-estates (division Krawang): but that was all, no cases of plague appearing any more in that place.

Rat-brigades were formed at Batavia, Soekaboemi, Bandoeng and Cheribon, whilst different local boards in West Java made their house-building regulations conform to the requirements of the Anti Plague Service.

In order to be able to diagnose the first cases of human plague, the post-mortem inspection has to be obligatory, this was the case already in Batavia. With regard to the above it was established also in Soekaboemi and in Bandoeng, and it was proposed for Meester Cornelis, in which latter place it came into force the 1st January 1921. At Cheribon the post-mortem inspection is made for some years already, without being regulated by law.

In the end of March rat-plague was diagnosed at two different places in the town of Palembang. Cases of human plague did not occur. From September no rat-plague was found any more, and at the end of the year the special measures, except the post-mortem inspection, cleaning and house-improvement were discontinued.

Further particulars with regard to plague are to be found in the Yearly report of the Anti Plague Service.

Diphtheria.

From several residencies of Java and Madura and from some of the Outer Provinces, sporadic cases of this disease were reported. The number of cases reported in Java and Madura amounted to 54, with 4 deaths.

No special remarks are to be made with regard to this disease.

Typhoid fever.

The cases reported in Java and Madura amount to 1035, with 166 deaths, giving a mortality of 16%.

The districts physician in Billiton treated 119 cases in the course of the year, with a mortality of 20%; of these 90 were not vacinated, 29 were vaccinated; with these latter the disease appeared 3 to 15 months after the vaccination.

The prophylactical vaccination is applied more and more on schools, boarding schools etc., either against typhoid only, or the combined anti-typhoid-and-cholera-vaccination. Also in private life many have adopted the anti-typhoid-vaccination as an institution, in the same way as the vaccination against smallpox.

Amebic dysentery. Bacillary dysentery.

If it would be possible to diagnose and to register automatically and without the physician's intermediate all cases occurring in these countries, then the different forms of dysentery, and specially the bacillary form, probably would head the list. And this will not change until general ideas, of cleanliness and of sanitary insight will have dawned upon the inhabitants, but chiefly until a reliable drinkingwater-supply and an appropriate privy- and sewerage-system will have become common property of towns and villages.

In order to arrive by and by at a proper privy-system, at least in the larger towns, the constructing of septic tanks is urged in all places, where the number of bowel-diseases is rather high, to begin with the gouvernment buildings, schools, prisons, barracks, etc.

Before long Cheribon will have a modern sewerage-system, whilst at Bandoeng a suchlike system is in course of preparation. The public health service at Batavia made experiments in making sink- holes with a ground-drill, in order to use them as public privies, which experiments had very good results. In consequence thereof also at Bandoeng, Tasikmalaja and Telok Betong (Javanese settlement) public privies are in course of construction.

For several places as well in Java as in the Outer Provinces projects for water-supplies have been made; partly these projects are already in course of construction (Batavia, Solo, Klaten, Makassar, Sibolga and other places).

The following special reports of amebic dysentery were made:

In the asylum at Lawang 125 cases with 23 deaths.

In the prison at Kasijan (Besoeki) 118 cases with 1 death.

At Soengei Penoe (Djambi) the disease was prevailing during the whole year.

At Taroetoeng (Tapanoeli) cases of amebic dysentery were very frequent, the disease assuming an endemic character.

In the prison at Menado there was an epidemic of amebic dysentery.

Emetine was always provided on a large scale.

On bacillary dysentery the reports say the following:

In June there was an epedemic of bacillary dysentery in the subdistrict Kertek (division Wonosobo). An Indian surgeon was stationed there, to fight the disease. There were 85 cases altogether, with 25 deaths. Probably it has been a Shiga-epidemic, since the treatment with specific serum was giving favorable results.

In the kampong Batjan (Riouw) a slight epidemic in May, 14 cases with 5 deaths.

At Makassar many cases of bacillary dysentery occurred during the end of 1919 and the beginning of 1920.

In the end of 1920 bacillary dysentery was prevailing at Amboina to such an extent, that the Epidemic Ordinance was declared to be partly applicable to this disease for the capital Amboina.

On the peninsula Samosir and at Sitorang (both places in the Bataklands) epidemics of intestinal diseases occurred. In the former place the disease was regarded to be caused by underfeeding and it disappeared when rice was sufficiently provided. With the epidemic in the latter place Balantidium coli was found frequently and exclusively in the stools; this epidemic was combated with bi-iodid of emetine.

Epidemic cerebrospinal fever.

The epidemic, which had appeared in the fourth quarter of last year at Tandjong Priok (see last Yearly Report), continued for some time. In this year still 62 cases occurred at that place. Altogether in the medical ressort of West-Java 135 cases were notified with 99 deaths, giving a mortality of 74.1 %. Besides cerebrospinal fever was reported at Semarang in several contract-coolie-depots, altogether 26 cases with 12 deaths. In the Palembang Highlands on some estates in total 33 cases, with 10 deaths. In Benkoelen on the gold-mining estate Simau (Lebong Tandai) 8 cases with 2 deaths. In Billiton now and again among the immigrants, so in April 6 cases. At Makassar 2 cases among the prisoners; whereas the prison was too densely populated, 100 prisoners were evacuated to Onrust in consequence of these cases. In February, March and April several cases occurred at Medan among the contract coolies, arrived from Java, so that the quarantine station had to be used three times for observation of the coolies (10 of the patients died

there). Besides in the hospital of the Avros (rubberplanters association) and on the estates around Medan some sporadic cases occurred, without an epidemic developing.

As well the prophylactic vaccination, as the serum treatment were applied. In the depots at Semarang the coolies were vaccinated before getting on board In the police-barracks at Soekaboemi 658 people were vaccinated; this year no cases occurred there. With the cases in Medan the serum treatment was applied, however without convincing succes.

Measles.

Just as in former years there is little particular to be told of this disease. Reports on the more or less frequent occurrence of measles were received from the provinces Djambi, Tapanoeli (here with a rather considerable mortality), Sumatra's East Coast, from the Minahasa, from Ceram and from the places Makassar, Menado, Merauke and Koepang.

Influenza.

Epidemics of influenza, varying in spread and in intensity, appeared in different places in the Archipelago.

Attention was drawn to the fact, that the steamers , transporting contract-coolies from Java to Medan, were always bringing influenza patients with them. Therefore in agreement with the planters association and with the Royal Packet Company, measures were taken against the overcrowding of these steamers. A few times the number of deckpassengers was brought down unto $^1/_2$ or $^3/_4$. In order to facilitate the control for the port health officer at Belawan, boards were affixed in the holds of the vessels, mentioning the measures of the hold and the number of passengers it was allowed to contain.

In order to possibly prevent the transmission of influenza, an Influenza-Ordinance was enacted. By this ordinance the influenza may be declared to be epidemic within a certain area: in a suchlike area then different measures may be ordained, as prohibiting of meetings, closing of schools etc., whilst moreover in this ordinance special measures are prescribed, for preventing the infection of seaports (specially those of the 4th class) with influenza.

The prevailing of influenza is specially reported from the following countries and places:

At Semarang the increased mortality from influenza in the 2nd quarter necessitated a stricter supervision of the emigrants-transport.

At Kota Agoeng (Lampong Districts) in June an epidemic appeared with 40 deaths.

Epidemic occurrence here and there was reported from the residency Djambi and from the government Sumatra's East Coast, moreover an epidemic in June at Tapa Toean (West Coast of Acheen).

A very heavy epidemic prevailed from August till December at the island Simaloer. The serious cerebral symptoms and the frequent deaths, made the local physician suppose, to have to deal with lethargic encephalitis. The result of an investigation, made by Professor SCHÜFFNER, was that no reason could be found for making the latter diagnosis, and that the disease had certainly to be regarded as influenza. In connection herewith a circular from the Head of the Civil Medical Service to the physicians in the Dutch East Indies may be mentioned, asking them to report eventually occurring cases of lethargic encephalitis. In the course of the year only two cases of this disease were reported from Makassar.

On the Mentawei-islands an influenze-epidemic caused 230 deaths.

From West-Borneo an epidemic occurrence was reported here and there. Also from South-East-Borneo, and specially a rather serious outbreak at Sampit and Boentok in August.

In December the influenza appeared at Makassar under an epidemic aspect, and weekly caused 50 deaths. In the same month an epidemic outbreak is reported from Menado, in October from Bolang Mongondou. Besides here and there in Celebes epidemics are mentioned, specially in October on the East coast, where the district Kolonedale was severely afficted.

In New-Guinea the disease appeared epidemically here and there.

A very heavy outbreak of influenza took place in the last quarter of the year on the Aroe-, the Tenimber- and the Babar-islands, presumably imported from New-Guinea. On the former islands specially the Timorese inhabitants, who for the greater part were spared by the epidemic of 1918, were now stricken down, whilst the Arunese, who then had suffered heavily, now were only slightly or not all affected. Particularly on the island of Babar the disease made great havoc, until the 25th of November 525 people had died already. The need was tried to relive as much as possible by soon sending doctors, medicines and food. In the course of December and January the epidemic came to an end.

In the Archipelago 793.798 influenza tabloids (Aspirin 0.25, P. Dover. 0.15, Camphor. 0.1) were distributed this year.

Pneumonia.

After what has been said in last year's report, there is no reason for special remarks on this disease. In the prison at Kasijan the number of cases of fibrinous pneumonia this year amounted to 178 with 93 deaths on a total of 7490 patients and 154 deaths.

Leprosy.

At the end of 1920 the leprosery Tangki at Batavia was closed; the patients were shifted to the leprosy-hospital Semaroong at Sourabaya.

In the course of the year an appropriate place for a leprosery for West Java was seeked for and found in Leuweung Santjang, in the neighbourhood of Pameungpeuk (division Garoet); for different reasons however this place was given up afterwards, so that at the end of this year the problem had not yet been solved.

A plan has been made for enlarging the leprosery at Pelantoengan.

In the leprosy village at Lau Si Momo (Batak plateau), where at the end of 1920 253 lepers were nursed, the medical supervision has been given to the physician of the Batak Institute, who lives at Kaban Djahe. This doctor has begun with a systematical treatment of the leprosy with Collobiase de Chaulmoogra Dausse.

Here the so called leprosy-kampongs may be mentioned, a method of isolation and self-protection, originating from Native communities itself. This method consists of bringing together the lepers of a definite area into a remote, often hardly accessible, kampong, that has been built expressely for this purpose. Within these kampongs the lepers enjoy all liberties, they deal with their common interests, have their own chief, etc. Their subsistence is cared for partly by the lepers themselves, partly by the surrounding nonleprous kampongs. Now and again the leprosy-kampongs are visited by the nearest military or civil doctor, but the European Civil Service has not anything to do with them. These kampongs are found chiefly in Acheen, but also here and there in the Eastern part of the Archipelago.

Yaws.

In the course of the year the systematic salvarsan-treatment, started last year at Djatibarang and at Pandeglang, has been continued and extended to numerous places, as well in Java and Madura as in the Outer Provinces. At an estimate 50 to 60.000 patients have been treated in this way during 1920. The standard dose for adults has remained fixed at 0.45 gram; smaller doses were given to childern, according to their age. In some cases the dose was increased up till 0.6. In the great majority of the cases one single dose proved to be sufficient. In several places the treatment of inhabitants and of laboures was greatly fostered (as well financially as otherwise) by agricultural and industrial employers.

Through the prices of the salvarsan going down, the price for one single injection for the inhabitants was considerably less (f 1.50 to f 1.80).

The frequency of yaws is reported to be very different in different places. Generally spoken the disease (as contrasted with syphilis) seems to be more frequent in the rural areas than in the great centres. Whilst some physicians estimate the percentage of yaws-patients in their ressort at 12%, others report it as to be 90% of the population. In Great-Acheen by an investigation among 643 schoolchildren, 348 (thus 55%) yaws-patients were found. The

disease is reported to be very frequent in South-Djokjakarta and in the Batang Hari districts, and to be rather scaree in the divisions Soemedang. Tasikmalaja, Garoet, Padang Pandjang.

Venereal diseases.

Through different influences, this is always a very difficult chapter in the hygiene of the social houschold. Local investigations in the residencies Cheribon and Preanger Regencies do not point towards a „Durchseuchung" of the population. In the former residency f.i. among 32.000 people 74 blind were found, of whom 35 through the consequences of syphilis and gonorrhea, whilst of 7553 married couples 161 (2%) were found to be still childless after a marriage of at least 5 years. As contrasted with the results of these investigations, the physician at Bangkinang (Sumatra's Westcoast) says in his yearly report, that the syphilis is almost endemic in his ressort, and in the Police Hospital at Soekaboemi 50% of the patients is admitted on account of venereal diseases. Also among the causes for granting sick-leaves (App. 6) and among the admissions into the Central Civil Hospitals (App. 7) the venereal diseases take, just as they did last year, a prominent place.

In consequence of the alarming rumours about the extinction of some Papua-tribes, especially of the Kaja-Kaja's, chiefly through venereal diseases, a Governments physician was stationed in New Guinea in August, in order to make a thorough investigation into the matter. This investigation, during which nearly the whole coastal area of Dutch New Guinea and several islands were visited, whilst also the Digoel river was sailed up over a distance of 300 miles, gave the following results. The countries visited are nearly all thinly populated, few children are born. Besides to venereal diseases, this has to be imputed to different accessory reasons. Thus the custom in South New-Guinea is that mariages are contracted very late. Besides the Papuas, as a rule do not like getting babies, because, by pregnancy and lactation, it is detrimental to the value of the woman as a labourer (for the labour is done almost exclusively by the women). In several parts of the island the people are induced by this view either to produce abortion, or to kill the newly born childern. With regard to the different diseases the following was made evident. In North New Guinea much frambesia, in West New Guinea tinea imbricata was found. In South New Guinea of the Kaja-Kaja population, which consists of odd 5000 heads, 1200 individuals were examined. With 24% of these gonorrheal affections were found, whilst 40% showed a positive Sachs-George reaction. Besides, exclusively among the Kaja-Kaja's the frequent occurrence of venereal granuloma was ascertained. The latter affection was succesfully treated with tartar emetic (introvenous injections every other day, beginning with doses of 50 milligram, increasing the dose up till 120 milligram; in total 2 to 4 gram are injected). Moreover the

investigation made clear, that the vernereal granuloma has to be considered as a disease sui generis, and not as a form of syphilis or of ulcus molle.

Tuberculosis.

In the course of the year the sanatorium for male tuberculosis-patients at Semplak, near Buitenzorg, was inaugurated. It has room for 30 patients: a physician at Buitenzorg has taken the medical treatment upon him, whilst 2 certified and 3 not-certified nurses are living on the premises.

An East-Java Branch of the Central Association for the fight against the Tuberculosis in the Dutch East Indies was founded. This Branch bought the Hotel Tenger at Ngadiwono (residency Pasoeroean) and from the 1st of September ran it as a sanatorium.

At Malang a separate branch of the said Association was founded, which specially will undertake the management of a sanatorium at Batoe, which is being erected.

Also in the Minahasa, where tuberculosis seems to be very frequent, a branch of the said association was founded. In order to give tuberculous patients the opportunity of sanatorium treatment, it was resolved upon to enlarge the auxiliary hospitals at Sonder (altitude above sea level 558 M.) and at Tomohon (779 M), which hospitals actually serve already as sanatoria.

Malaria.

With regard to the significance of the malaria as a popular plague, and to the part of this disease in the general mortality reference may be made to the paragraphs on this subjects in the previous yearly report and to the appendices of this report and the previous one.

A description of some new forms of Anophelines in the Dutch East Indies was given by Swellengrebel in the „Geneeskundig Tijdschrift voor Nederlandsch Indië, Vol. 60.

Important researches were made by Dr. Walch and Dr. Mrs. Walch-Sorgdrager, with a malarial epidemic, which at the end of 1919 and at the beginning of 1920 prevailed at Sungei Tuan, a tobacco-estate on Sumatra's East Coast. Here the carrier of the malaria appeared to be rather exclusively the M. sinensis, the dangerousness of which mosquito as a carrier on till then, had been doubted very much. The record of this investigation has been published in „Mededeelingen van den Burgerlijken Geneeskundigen Dienst". 1921, Part I.

Special malarial researches were made in the following places: In South-Preanger, with a view to eventually building a leprosery in that country. In the sub-districts Tjiandjoer and Patjet, in the former a splenic index was

found, varying from 5 to 85, the higher values in the Western and in the South-Western part; the Anopheline fauna consisted chiefly of rossi, also, but in lesser numbers, of aconita; in the latter subdistrict, which is suffering from an endemic tertian fever, the splenic index of the children, under 12 years was 65 at the utmost. In connection herewith the splenic index of Bandoeng and of Soekaboemi may be mentioned, which in either town amounts to 1. At Pagar Alam (residency Palembang) a preliminary investigation was made with a view to this place possibly being made the capital of a future Government South-Sumatra. In Natal (residency Tapanoeli) a splenic index of 80 was found, the ludlowi being the carrier here. The extensive investigation of SCHÜFFNER and HYLKEMA at Belawan was finished in the course of the year; here may be mentioned that the mortality in that place was 7% in 1919 against 3.9% in 1920, in the former year more subtertian ferver was seen, in the later more benign tertian. The complete report of the investigation has been published in: „Mededeelingen van den Burgerlijken Geneeskundigen Dienst". 1922, Part I.

A more or less serious occurrence of malaria is reported : in the 3rd quarter over the whole of Mid-Java, specially at Patjitan, Madioen, Poerwadadi, Poerbolinggo, Bojolali, Premboen, Keboemen, Poerworedjo. A severe subtertian and tertian epidemic was raging in the end of last year and the beginning of this year on the island Bawean. The district Berbek (residency Kediri) suf fered heavily from malaria, so did in June and in July the capital Pasoeroean, whilst in October a severe epidemic appeared at Peureula (Acheen).

In all these places and countries administring quinine to the inhabitants was systematically applied. In Java and Madura 12.789.200 tabloids of 0.2 gram were distributed, besides 328.09 K.G. of quinine salts. As an instance, how good intentions often are invalidated by the indifference of the population, may be mentioned, that in a kampong at a distance of some K.M. only from Kota Radja, and where quinine tabloids were freely put at the disposal of the Native chiefs, whilst moreover the inhabitants always could get medical attendance and medicines, in 3 months 42 of the 450 inhabitants died of malaria (thus a yearly mortality of 37.5%).

With regard to the fight against the malaria in 1920 by means of sanitation and in other ways, the following may be mentioned:

For the expropriation of the seafish-ponds near Batavia an amount of 1.5 millions of guilders was granted by the Government. The smaller sanitation-works were continued regularly; for the improvement of the water-supply and drainage of the capital f 849.000.— was granted.

It was resolved upon to reclaim the swamps on the island Amsterdam; the work will be done by prisoners : the coste are estimated at f 21.000,—

On the Tjihea plain a Government farm is in course of construction, in connection with the sanitation plan (See last years report). This farm will cultivate rice in a rational way, with the intention of laying dry all the grounds, as soon as this will prove possible and desirable for the crops; up till now these grounds were submerged almost the whole year. For the time being 1400 bahu's (2950 acres) have been cultivated. The cleaning of the tertiary drains, which ought to have been done by the population, at present is done by paid coolies, for which work funds were granted.

The sanitation works at Cheribon were regularly continued. (See last years report).

A preliminary project for the sewerage, drainage and drinking water-supply for the town Indramajoe has been made and is under discussion.

The sanitation works at Tjilatjap were regularly continued. In total an amount of f 55.925.— was worked up this year.

The sanitation of the capital Djokjakarta was being prepared. An investigation into the malarial conditions of that town was made.

For the regulation of the Sourabaya river downstreams Goebeng an amount of f 392.500.— was granted. The other sanitation works in that town were regularly continued.

At Probolinggo extensive sanitation works were started, together with constructing the sewerage of the whole town. For the purchase of the fish ponds an amount was granted of f 20.000.— at the utmost. In total an amount of f 110.200.— was worked up in 1920.

For the sanitation of Telok Betong, Tandjong Karang and Oosthaven (residency Lampong Districts) a working plan is under discussion. Smaller works were executed there.

Also for Sawah Loento a project for a privy-system and for a drinking water supply is under discussion.

So are the plans for the sanitation of the „haff" at Naras.

Sibolga, especially the European part of the town is at present, almost mosquito-free. But a little more to the interior, in the valley of the Aek Doras, cases of malign tertian still occurred. Proposals were made for the sanitation of that valley, in connection with the sanitation of Sibolga. Also the method of deriving the mosquitoes on buffalo-stables was applied there.

The sanitation-mesures at Mandailing were continued. A total and rational sanitation of the whole area appears to be very expensive.

At Natal (residency Tapanoeli) small sanitation works were executed.

The sanitation of Taroetoeng (residency Tapanoeli) was started by shifting a kampong-complex, where much typhoid and dysentery were prevailing, and by raising the market grounds.

In Tjalang (Acheen) extensive swamps were laid dry by way of sanitation-measure.

Besides in the above mentioned important malarial centres, in numerous places different minor measures of sanitation and for fighting the malaria, were taken, in connection with the outbreaks of that disease.

A small number of sporadic cases of black water fever occurred in different parts of the Archipelago.

Beri-beri.

The occurrence of beri-beri is specially mentioned in the reports from Wonosobo, Djambi, Medan (in the Native and in the Chinese hospital, in total 80 cases with 12 deaths), Selat Pandjang Bengkalis, Sangir islands, Banka, Ceram. Mostly this occurrence took the shape of greater or smaller explosions often in prisons, which soon were made disappear again by altering the diet.

Edema-disease.

In a report of the Provincial Governement Health Officer at Kediri the attention was drawn towards a disease, the symptoms of which were chiefly the apparence of edema and the progressive cachexia. This disease was especially found in those countries of Mid. Java where the food, particularly of the poorer classes, left to be desired for a long time already.

From this report and from another one of Dr. De Langen, who was detailed to study the disease more closely, the following may be mentioned The first impression of the patients is one of chachexia. The edema extends over all parts of the body, but chiefly over the lowest parts, the scrotum and the labia however being excepted. Skin, nails, hair are dry. The patients are very emaciated. Anemia sometimes is present, but does not play a prominent part. Reflexes are unaltered, the sensibility is normal. There is no paralysis. The interior organs do not show special changes. The frequency of the pulse in normal. No fever no pains. Slight diarrhea. The urine does not contain albumine. The duration of the disease is some months or longer. Death, which often is ensuing, is as the extinguishing of a candle, without distress or pain.

Both reporters regarded the disease as being identical with the edema disease, that has been frequently described during the war, war dropsy, epidemic dropsy, and that was ascribed to a chronical underfeeding, chiefly in consequence of want of fat and albumine, causing secundary disorders of the carbohydrate-digestion; the vitamins are also playing a part, through a less important one, in the etiology of this disease.

It has been supposed that the occurrence of this disease especially in the last years would be dependent on the fact, that the great oil-mills, which also in the last years have been built in this country, often buy by contract the whole cocoa-nut crop from the population, even before the nuts have been plucked, so that the population itself had a shortage of fat.

For the connection of this disease with xerosis, see under eye diseases.

Anchylostomiasis.

From the reports and the information of the Provincial and the Indian Governments doctors, the degree of infection appears more and more to be very different, in the different parts of Java and Madura, and a fortiori also of the Outer Provinces. Generally spoken, the population in low, hot countries is more severely infected than the population of higher and cooler countries. Also the abundance of water of a country is a factor; the greater it is the sooner and the better the fecals are washed away. A paper on the influence of wearing shoes, on the degree of the infection was published by the Governments doctor GOMPERTS in ,,Mededeelingen van den Burgerlijken Geneeskundigen Dienst'', 1920. No. VIII, from this article the said influence appears to be nihil.

The only sovereign, causal remedy is an efficient privy-system, thus the kampongs will have to be provided with good privies and the inhabitants will have to be educated to use them.

To the former problem the technical inspector has given his full attention, the latter will have to be taken up by the adviser by for the propaganda who has been nominated in the course of this year. Another step in this direction was to encourage as much of possible the construction of septic tanks near public buildings, schools etc.

In the meantime, everywhere where conditions were favourable the extensive application of chenopodium cures was continued.

Filariasis.

With regard to different affections, among which elephantiasis, observed in these countries, during the last years the attention was drawn towards the question of the occurrence of filaria among the population. Several investigations in this matter have been made already, or are still going on, but a final survey has not yet been obtained.

Former researches have been made a.o. by SALM (Geneeskundig Tijdschrift voor Nederlandsch Indië, Deel 36 en 50) and by FLU (Mededeelingen van den Burgerlijken Geneeskundigen Dienst, 1918, No. VI). In the course of the year the following investigations have been made:

In the prison at Cheribon, among 250 people only one was found with filaria in his blood.

At Soekaboemi in the police barracks 708 people were examined, of whom filarial larvae were found with 20 (thus 2.2%). However it is conspicuous-that among these latter ones the Achinese examined, showed a filaria-carrier percentage of 18. At Noesa Kembangan among the Achinese 9% filaria-carriers were found.

At Bireuen (Acheen) 103 people were examined, of whom microfilaria were found with 50. Other investigations in Acheen however showed absolutely negative results.

In the reports from Djambi, the population is mentioned to be seriously infected with filaria.

It is to be regretted, that the different investigators do not mention the kind of filaria, neither the eventual diseases due to the filariasis. Only the investigator at Bireuen mentions that among the 50 filaria-carriers, there were no cases of elephantiasis.

Rabies.

For information on this disease, may be refered to the report of the Pasteur Institute.

Eye diseases.

An investigation of children of different schools on trachoma was held at Cheribon, and gave the following results:

	Number of pupils examined	Number of patients with trachoma
European girls-school	105	22 = 21 %
Governments-school	151	47 = 31 %
Chinese school	253	81 = 32 %
Native school (1st class)	112	37 = 33 %
Native school (2nd class)	108	55 = 51 %

According to the information got up till now Cheribon is certainly the place, which would be considered first of all for the building of a hospital for eyepatients. Till so long the municipality may take up the fight against the trachoma, as ere long the municipal hospital will be ready.

Together with the edema-disease in the last year the xerophthalmia made itself conspicuous, especially in Mid-Java, as well as the former a deficiency-disease, probably caused by the lack of certain fatty substances in the daily diet. The disease is chiefly observed with children from 3 to 5 years. The first symptom often is nyctalopia, followed by an exsiccative and infiltrative process of the cornea, which ends in its complete destruction; the disease has a rapid progress (one to two weeks), and usualy is bilateral. If the diagnosis is made in time, recovery is almost sure to ensue, by adding milk, codliver-oil or cows liver to the daily diet. In the General WILLIAM BOOTH Hospital at Semarang during the last twelve years, Dr. WILLE treated, 268 cases of xerophthalmia, of which 226 with infants.

About the Queen Wilhelmina Hospital for eye-diseases at Bandoeng the following may be mentioned:

The total costs in 1920 amounted to f 39.455.51 or f 1.17 per nursing day.

The number of patients, registered in the polyclinic amounted to 5494 (5083 Natives, 802 Chinese and 109 Europeans) against last year 5106. Of these 1319 were admitted into the hospital (1236 Natives, 71 Chinese, 12 Europeans). The total number of day-beds amounted to 33.632, thus the average number of nursing-days per patient was 25.

The average daily number of patients was 92, the hospital having a capacity of 100 beds. The number of admissions was greatest in September, 138 patients being daily nursed then. It was impossible to refuse admission to these patients; they either came or were sent from far and near.

When there were so many admissions, tarpaulins were fastened beneath the beds, so that the patients slept in two layers, as often on board ship.

Now the eye-patients from the residencies Batavia, Bantam and Lampong Districts are sent, whenever possible, to the Central Civil Hospital at Weltevreden in the interest of the ophthalmological colleges at the Stovia.

Of the 5494 patients, as mentioned above, 2440 were suffering from trachoma and 395 from gonorrheal conjunctivitis.

The number of more important operations performed amounted to 1086.

Diseases of the skin.

The cardinal diseases of the skin, which frequently are occurring everywhere in the Archipelago, and sometimes are assuming an endemic character are ulcus tropicum, scabies and tinea imbricata.

Training of Medical Personnel and Assistant Personnel in Java.

The Comittee for Medical Education continued its meetings this year and published a pamphlet entitled: ,,Training Assistant Practitioners in the Netherlands East Indies". The Comittee recommended the erection of schools for training a great number of Second-class Practitioners with a view to meeting more quickly the urgent demand for medical assistance which is felt among the population everywhere. Various criticisms on this pamphlet convinced the Committee that Mantri-nurses (first class) practically satisfied the requirements which had been laid down for second class Practitioners; and that the title Second class Practitioner should be dropped to avoid hurting sensitive minds, for which reasons the Committee withdrew their proposal.

Government-Medical-School at Weltevreden (S.T.O.V.I.A.).

Historical review. Medical instruction was first given at Weltevreden, to the so called Javanese doctors (dokters djawa), and since 1851 in the Military Hospital by a military instructional staff, (army medical officers) originally in the Malay language.

Though the original training had only been instituted in order to supply a long felt want of vaccinators, it very soon proved that the graduates, as a rule, had to exercise the whole medical practice in consequence of the absence of doctors.

The original instruction was that the Javanese doctors had to work under the supervision of the physicians charged with the duties of the civil medical service, who had to pay attention to their conduct and to advance their further development.

It appeared that this instruction could not be carried into practice.

The tuition, therefore was soon altered, so as to lend itself to the formation of Indian doctors, who be able to work independently (as medical practitioners, originally not qualified for legal medicine and obstetrics). In order to produce graduates of a standard necessary for their responsible work, it was necessary to provide a tuition as good, and as suitable as possible. The original course of instruction of some 30 students, in the Malay language, was altered from a two years' to a three years' course.

An important improvement, and one that had long been felt as urgent, took place in the re-organization of 1875 : The school was divided up into a preparatory side of two years, and a medical side of five years.

A maximum of 100 native youths, of from 14 to 18 years of age, who had passed through a native government school could be admitted.

The whole of the tuition was, thenceforward, given in the Dutch language, owing to the fact that the Malay language appeared not to possess any equivalent for many scientific, technical and abstract terms.

The number of army medical officers, who where charged with the instruction on the medical side, was increased from three to five, of whom the highest in rank, occupied the position of principal teacher of the Javanese doctors' school.

Two teachers were also attached to the preparatory side.

In 1881 the length of the preparatory educational course was increased to 3 years.

In 1883 Van der Elst, at that time the principal, put his finger on the weak spots in the instructional system, and considered the following alterations as urgently necessary.

1. Reorganization of the preparatory instruction, so as to import a better knowledge of Dutch and mathematics.

2. To relieve the instructional staff of military service, so that their educational duties should not be considered by them as being of secondary importance.

The final-examination committee, which consisted, for a small part only of the instructional staff of the school, repeatedly pointed out the unsatisfactory results of the instruction, and urged the necessity of an improvement in the educational system.

Of the highest importance, in connection with the further development of the school, was that on the advice of PEKELHARING and WINKLER, who had made a journey to the Dutch East Indies in 1886-1887 under Government instruction, for the purpose of studying the prevalence and causes of beri-beri, the Laboratory, placed temporarily in the Military Hospital, was changed to a permanent one, under civil administration, for research work in pathological anatomy and bacteriology.

A principal and sub-principal were appointed in this laboratory, and it was decided that these officials should take the rank of principal lecturer and acting principal lecturer of the Javanese doctors' school. They were both assisted by the already existing instructional staff, so that this indicated an addition to the instructional staff, as well as an increase in their stability, since the two new lecturers as distinguished from the armymedical officers, were not liable to being transferred elsewhere.

Dr. C. EYKMAN, later on a Professor of Utrecht University, was then appointed Principal.

In the long run the government-school for natives together with the tuition in the preparatory side proved to give a preparatory training insufficient for the knowledge necessary for the medical side.

From 1876 to 1889 barely 10% of the total number of students admitted succeeded in passing the final examination, i.e. an average of about 5 per annum. On the proposal of EYKMAN, it was decided to admit native students from European schools only (since 1890). At the same time, however, the preparatory course was wrongly reduced back to two years.

Moreover since 1890, practical medical and surgical instruction has been given with better results, by the establishment of out-patient departments, especially intended for tuition (next to the clinics of the Military Hospital), by which means the poorer class of the population of the town could obtain medical assistance, while at the same time students were afforded practical instruction.

In 1896 Dr. EYKMAN was succeeded by Dr. H. F. ROLL from whom the important proposals of May 1898 for re-organization originated, which proposals were passed unaltered by the government, and led to:

1. The rebuilding and enlargement of the existing establishment in the Military Hospital, whereby it was immediately rendered possible to raise the number of students to 150.

2. The building of a new school, for which a suitable site was found in the Hospitaalweg.

The new establishment, which could afford accomodation to some 200 students was opened ceremonially on March 1 1902.

The period of transition, was, during the leave of Dr. ROLL, wholly directed by Dr. KIEWIT DE JONGE.

The building was erected according to the designs of the Royal Engineers, largely, owing to princely financial contribution of Messrs P. W. JANSSEN, J. NIENHUYS and H. C. VAN DEN HONERT amounting to f 178.000.— The foundation was dedicated to the memory of the inauguration of the reign of Queen Wilhelmena, and to the welfare of the population of the Dutch East Indies.

The younger students were assembled in large common sleeping rooms, while the elder ones received separate cubicles. Supervision was exercised by two European attendants, while there was a resident assistant teacher, who could assist the students in their studies and who assumed the responsibility of all medical duties. There was a recreation hall to make the students more comfortable after school hours. At that time, however there was, as yet, no talk of the appointment of a separate head of the students-hostel as an educational officer, whose duties would be to mould the characters, and manage the students, out of school hours.

The situation of the new establishment, in the immediate vicinity of the Military Hospital made it possible to treat patients from the polyclinics, now transferred to the school buildings, and greatly enlarged, in the Military Hospital. Moreover, the clinical instruction could remain in the Hospital, and at the same time the army medical officers could be utilised as lecturers, as was previously the case.

This was an advantage, on account of the fact that it was easy to allocate the instructional staff, the disadvantage being, that these teachers had not always had a special preparatory training in the branches of the profession they were called upon to teach, and that they were always liable to be transferred.

Space having become available, now, in the Military Hospital, the gynaecological department could be extended, and material for practical obstetric tuition, which had now been introduced, could be collected.

It was noteworthy that, although everyone was unanimous, with regard to the defective knowledge of the native midwives, then practising in the Indies, and the more than deplorable assistance, that the Indian population obtained from the doekoens or native doctors, yet satisfactory tuition in obstetrics was not yet given in the schools, and on that account, therefore, the Javanese doctors were not qualified to practice in that science.

Theoretical obstetrics only had been taught up to that time, and even that was entirely optional.

At present, the instruction in practical obstetrics is effectually regulated, obstetrics being included in the subjects of the final examination, and full permission is granted to the graduates to practise medicine, surgery, and obstetrics, their title being now altered to that of native doctor.

It was possible for the „doctors djawa" who had passed formerly to obtain full qualification and the title of native doctor, by passing a supplementary examination in obstetrics.

In the building in the Hospitaalweg, more attention, also, was paid to practical instruction in physics and chemistry, thus giving a basis of natural science, so necessary for the study of medicine.

3. The period in the premedical school was again restored to three years, while for admission, it was necessary for the student to have been through the complete European primary school course, and in 1903, an examination for admission was instituted in addition.

Between the third and the fourth year of study in the medical course, a class was introduced, with the object of arriving at a more logical sequence in the subjects taught, and in consequence, to make the instruction easier for the students to follow.

One of the mistakes in the medical instruction of those days was that general pathology, which must form the basis of true medical subjects, as well as of general surgery and physical diagnosis, was not commenced before the study of these latter subjects.

It was principally the third year of study in the medical course, that suffered from the badly arranged sequence in the teaching of these subjects, and it was striking, how many students were victims of it, and had to be sent down out of this particular year of the course, owing to their not being able to follow the instruction.

In order to meet this difficulty, the length of the medical course was increased to six years, by introducing an extra year between the 3rd and 4th. year of the course.

The study of general pathology was now commenced before the clinical subjects, and also more time could be given to these latter; moreover a propaedeutical clinic was instituted.

4. It transpired, in actual practice, that the measure, introduced on the advice of PEKELHARING, of combining the directorship of the laboratory and of the Javanese doctors school in one person, didnot prove satisfactory, and was only followed out to the disadvantage of both institutions. Both the positions could not be filled, as they should be by one person. The school acquired in 1901 its own Principal, by which, moreover, the instructional staff was increased by one permanent addition.

At the same time a permanent lecturer sub-director was appointed, neither of these being army medical officers, nor being liable to being transferred. The number of the teaching staff was also considerably increased.

5. Besides this the study in legal medicine was considerably improved, also in view of the high standard, practically required of native doctors by the Justice, and legal medicine was included among the subjects for the final examination.

That the reorganization, with regard to the (better) turning out of Indian doctors, bore good fruit, is proved by the fact that, from that time forward, the percentage of passed rose to 48.8%, and also the total number of doctors turned out, increased.

In 1913 the Government appointed a Commission, consisting of Dr. De Vogel (at that time Assistant Chief of the Civil Medical Service) Dr. Noordhoek Hegt (Principal of the Stovia) and Dr. Hoekstra (Inspector of Secondary Instruction) in order to advise about the establishment of a second medical training school, having for an object the increasing of the number of doctors turned out yearly.

The commission wanted to attain this object without reducing the standard of instruction.

In principle, the Commission was, even strongly in favour of raising the standard of instruction, in view of the many and responsible duties, which an Indian doctor is called upon the exercise in practice.

As a result of the recommendations of the Commission, there followed the opening of the N.I.A.S. (Government Medical School Sourabaya.) and Stovia and Nias were reorganized on the same lines.

Experience at the Stovia had shown that, the first year of study in the Medical course, still continued to produce bad results.

The cause of this was evidently the lack of connection between the preparatory and medical courses. To take a specific case, physiology was treated before the student had completed his course in physics and chemistry, a most unfortunate state of affairs.

The Commission, quite rightly, tried to meet this difficulty, by the formation of a so-called propaedeutical class, in which attention was principally given to mathematics, physics, chemistry, as well as to botany and zoology, and a better foundation was laid for future medical study. It was rightly expected from this that the number of failures would be reduced, and that the efficiency of the school would be increased. The introduction of these propaedeutic classes, did, indeed, make the instruction easier to follow, in that a better and more logical sequence of study with regard to each subject could be obtained.

The above can be confidently asserted, in view of the fact that outsiders are so fond of stating, that few Indian doctors are produced, on account of the length of the study required.

Experience proves however, that the present system of instruction has become easier for the students to follow, and that the number of failures compared with formerly, has decreased.

From 1913, therefore, the preparatory course lasts for 3, and the medical course for 7 years. The Nias also acquired a preparatory side, not however a hostel for resident students.

Both the Medical Schools were thrown open to students of all races, and also opportunities afforded for the education of female students and doctors in private practise that is to say, without connection with government-service. The title of native doctor was altered to that of Indian doctor, on account of its being thrown open to all races.

The practical portion of the instruction, especially, was set up on considerably broader lines.

Personal action and personal observation must be the expressed intention of any medical education of this nature. No theoretical study from books, but the exercise of the perceptive faculties, the acquirement of skill and knowledge in the use of scientific instruments, also those in general use at the sickbed; no acceptance on hearsay, but personal experience, must be the idea dominating the training.

Since 1913, there came into operation, after the already existing practical training, courses of practical instruction in botany and zoology, physics, physiology and physiological chemistry, parasitology and bacteriology, together with pathological anatomy.

The building in the Hospitaalweg however, soon turned out to be too small to afford opportunity for practical instruction, with regard to providing sufficient accomodation for the increasing number of students.

In one and the same laboratory room seven lecturers alternatively had to give their practical courses. It is, therefore, not a matter of surprise that the preparation of these practical studies, involved much difficulty, and that there was not much time left over.

The general desire for practical instruction, was also felt more strongly here, the swaddling clothes, as it were, formed by the building in the Hospitaalweg, were too narrow, and longing glances were cast on localities, where a less hampered growth of medical instruction, would be possible.

This desideratum was already put forward by Van der Elst in 1883 and consisted of making the instructional staff independent of the other Services to wit of the Military Service, and of liability to being transferred, besides the necessity of increasing the permanent staff, as well as the urgent need of a practical education in natural science, of clinics and daily polyclinics, for reasons of instruction as well as for the benefit of the population. This caused the principal of the school, the late Dr. Noordhoek Hegt, who passed away in 1915, to conceive the plan of combining an entirely new school building, with the Medical Laboratory and the new Central Municipal Hospital at Salemba.

This plan succeeded in obtaining the approval of the Government, and a complete lay out of medical buildings was designed by the Architect

H. von Essen and erected to these designs by the B. O. W. (Public Works Dept.).

The new hospital was put in use November 1919, The new Stovia-building on the 5th of July 1920.

The establishment of these buildings does away with the objections, experienced with that on the Hospitaalweg.

Especially are there more places available for practical work, while the preparatory work involved by the demonstrations for the lectures, is made more possible, in view of the fact that the lecturers in the higher courses each have their own lecture-room and class-laboratory. By these means the experiments can be laid out quietly on the spot, with- out it being necessary to vacate the place for another teacher.

On the front side of the building, as one enters Stovia, lie right and left a waiting room and porter's room, then right and left of the big hall, the Principal's room and accompanying office, as well as a room for a library for the benefit of the teachers and students.

In the right hand half of the middle portion lies the lecture theatre for physiology, in which there is, as in every other lecture room, an amphitheatre for 50 — 60 people, and an apparatus for photographic projection. The entire bottom floor of the right wing is devoted to physiology, microscopical anatomy, and parasitology. A laboratory-room is found there, used for the preparation of experiments used in the instruction, and for electro-physiological research, a room for micro-photography, and an incubating room, together with a room for practise in microscopy and parasitology (providing ample accomodation for 28 students for microscopizing). Besides which, are the workrooms of the lecturers in physiology and parasitology.

The top floor of the right wing contains a large chamber for the practical course in physiology and physiological chemistry, a conference room, and three rooms for the preparatory department, besides the drawing room.

The left wing of the ground floor contains a room for experiments in optics, opthalmoscopy, etc. laboratories, practise-rooms, theatres for chemistry and physics. As contrasted with formerly these latter subjects are entirely separated from each other, not only with regard to teaching, but also with regard to locality, a fact which contributes largely to the improvement of the instruction. Also in the left wing of the ground floor is situated the dispensary for instruction in practical pharmaceutics.

The top floor of the left wing contains a reading room, a practise room, and a museum for botany and zoology, the left middle half, a number of class-rooms for the preparatory department, while above the main entrance the aula is situated, devoted to the assemblies of the Administrative Council,

examination committees, the distributions of doctors degrees, or other official ceremonies and affording accommodation to about 200 people.

On leaving the front portion of the main building, from the back exit, we stand before the anatomical laboratory : a building that provides shelter for the subjects of anatomy, pathological anatomy and legal medicine. Besides rooms for lecturers and assistant lecturers there are for anatomy ,a theatre, a museum, a study- and drawing-room, a dissecting room, an injection room and a maceration cellar; for pathological anatomy, and legal medicine also a theatre and a museum, containing a wealth of objects of scientific interest, besides which a practice room, a department for microphotography, and an autopsy room, while under this a cooling chamber has been made, especially for the use of forensic examinations.

Next to the anatomical hall stands the mortuary.

The clinical instruction, for which the out-patients-departments, held in the hospital are also of service, is given in the clinical lecture room, which is situated on the site of the hospital, in order to lessen as far as possible the transport of the patients, who serve as examples for instruction.

Laboratory work, which is coming so much more to the fore in the clinic, is carried out in separate rooms, as it is the case with Röntgen work, while an operating theatre for surgery, obstetrics, and gynaecology, will be erected as soon as possible.

On the other side of the Tjiliwong, the new residences for 300 pupils of Stovia will be erected, with recreation hall, dining hall, sport ground, as well as dwelling houses for the manager, instructors, attendants and assistants.

By these means justice can be done more fully to the physical and spiritual care of the future Indian Doctors apart from the school buildings, the more so as now a separate head of the students-hostel has been appointed.

C u r r i c u l u m The Stovia, then, now consists of a preparatory side with a three years' course, and a medical side with a seven years' course (of which the whole of the first year is devoted to propaedeutics).

A survey of the different subjects taught can follow appropriately here, in which the figures given indicate the number of teaching hours, (an average of 55 minutes each) per week.

Preparatory side.

Subjects	1st. year	2nd. year	3rd. year
Dutch	12	9	9
Arithmetic	4	2	—
Algebra	2	2	3
Geometry (including sterometry, goniometry and trigonometry)	2	4	5
History	2	2	2

Geography	2	2	2
Civics	—	—	1
English	—	2	2
Gymnastics	2	2	2
Drawing	2	2	2
Botany	1	1	1
Zoology	1	1	1

Medical side.

Subjects	Year of course						
	I	II	III	IV	V	VI	VII
Mathematics	2	—	—	—	—	—	—
Dutch	4	—	—	—	—	—	—
German	2	2	2	—	—	—	—
English	3	1	—	—	—	—	—
Dutch literature	2	—	—	—	—	—	—
Botany (lectures)	1	1	—	—	—	—	—
Botany (laboratory)	4	2	—	—	—	—	—
Zoology (lectures)	1	1	—	—	—	—	—
Zoology (laboratory)	4	2	—	—	—	—	—
Poisonous plants	—	—	1	—	—	—	—
Science of heredity	—	—	1	—	—	—	—
Physics (lectures)	7—5	6—4	—	—	—	—	—
Physics (laboratory)	—6	—4	—	—	—	—	—
Chemistry (lectures)	5	5	—	—	—	—	—
Chemistry (laboratory)	—	4	—	—	—	—	—
Chemistry (special subjects)	—	—	1	—	—	—	—
Physics (special subjects)	—	—	1	—	—	—	—
Anatomy (lectures)	—	5	5	2	—	—	—
Anatomy (laboratory)	—	10	6	8	—	—	—
Surgical anatomy	—	—	—	—	1	—	—
Histology (lectures)	—	2	2	—	—	—	—
(laboratory)	—	—	2	—	—	—	—
Physiological chemistry (laboratory)	—	—	2—4	—	—	—	—
Physiology (lectures)	—	—	5	4	—	—	—
Physiology (laboratory)	—	—	2	4	—	—	—
General pathology	—	—	—	4	—	—	—
General pathology (laboratory)	—	—	—	2	—	—	—
Pathological anatomy	—	—	—	—	3	2	—
Pathological anatomy (laboratory)	—	—	—	—	2	1	1
Legal medicine	—	—	—	—	2	2	1
Parasitology (lectures)	—	—	—	4	—	—	—

Parasitology (laboratory)	—	—	—	2	—	—	—
Hygiene	—	—	—	—	2	—	—
Pharmacology	—	—	—	1	—	—	—
Propaedeutical clinics and diagnostics	—	—	—	—	8	—	—
Special pathology	—	—	—	—	2	2	—
Medical clinic	—	—	—	—	—	6	6
Medical out-patient clinic	—	—	—	—	—	4	4
General surgery	—	—	—	—	4	—	—
Special surgery	—	—	—	—	—	2	2
Surgical clinic	—	—	—	—	—	4	4
Surgical out-patient clinic	—	—	—	—	—	4	4
Operative surgery	—	—	—	—	—	—	4
Ophthalmology	—	—	—	—	1	2	—
Ophthalmological clinic	—	—	—	—	—	—	1
Ophthalmological out-patient clinic	—	—	—	—	—	—	4
Obstetrics	—	—	—	—	3	2	—
Obstetrical clinic	—	—	—	—	—	—	2
Phantom	—	—	—	—	—	—	—5
Venereal and skindiseases	—	—	—	—	—	2	2—4
Dental surgery	—	—	—	—	—	1	—4
Pharmaceutics (lectures)	—	—	—	—	1	—	—
Pharmaceutics (laboratory)	—	—	—	—	—	2	6—
Sick nursing	—	—	—	—	—	1	2—
Wound dressing	—	—	—	—	—2	—	—
Ear, nose and throat surgery	—	—	—	—	—	—	—2
Psychiatry	—	—	—	—	—	1	1

Pupils. The number of pupils at the beginning of the new School-year 1919-1920 amounted to 250, viz.:

17 Europeans (amongst whom 2 girls),
5 Chinese,
100 Javanese (amongst whom 1 girl),
7 Amboinese,
21 Menadonese (amongst whom 2 girls),
99 Sumatrans (amongst whom 2 girls),
1 Timorese.

After the final examination 13 pupils were promoted to Government Indian Practitioner (Vide Appendix 14).

P e r i o d i c a l f o r I n d i a n P r a t i t i o n e r s. L i b r a r y. In the course of the school-year 1919-1920 four numbers of this periodical were published, containing important contributions from Indian Practitioners. The proposal was made to extend the subscription to this periodical to all medical men in the Netherlands East Indies.

When the Editor left, the editorial work had to be put a stop to for the time being, as no one on the school staff, which is already overcharged with school work, could find time for editorial work, and no satisfactory support was met with from the side of the Indian Practitioners themselves.

The scientific library was considerably increased amongst other things with English Medical Literature. Important contributions were thankfully received from the Veterinary College, the Agricultural College, the Colonial Institute, the Encyclopaedic Bureau and Dutch and foreign Universities.

T h e C o l l e g e. At the beginning of the school-year 1919-1920 there were 226 students living-in, amongst whom 4 Europeans and 3 Chinese. The difference in nationality caused no trouble with regard to board and lodging.

Part of one of the dormitories had to be cut off and fitted up as a class-room, as the number of pupils increased and the number of classes had to be increased by one. The bedroom accommodation consequently decreased, and as the number of student-boarders increased by 26, the housing accommodation was somewhat less spacious.

Towards the end of the school-year again a great number of candidates applied for matriculation. This result is probably due to the extensive advertising campaign carried on by the Stovia by means of circulars addressed to the heads of the lower schools and advertissements inserted in the various daily papers, and also by giving a wider circulation to the annual reports.

Fifty-one candidates passed the entrance examination satisfactorily. The number of classes had to be increased again, and consequently it became absolutely necessary to be on the look-out for further housing accommodation outside the school-buildings in the Hospital Road. A few of the rooms of the laboratory at the new school-building at Salemba were temporarily arranged as living-rooms for the students of the two senior years. In this way the College authorities did whatever lay within their power to meet the shortage of medical men, and no doubt the number of Indian Practitioners will rise considerably in the near future.

The building of a new house for students was not yet started. The present house no longer satisfies modern requirements for institutions of this nature.

A few of the students under contract with the Government were allowed by the College authorities to board and lodge outside the College. Steps were taken to come to a more uniform regulation with regard to the subsidies paid to students of the Stovia and the Nias, living outside.

On account of the general increase in the cost of living, the subsidies above-mentioned were considerably increased.

S c h o o l b u i l d i n g s. The buildings at Salemba reached their final stage. Towards the end of the school-year the museum, educational appliances etc. were moved in, so that the new school could be opened on the 5th of June.

At the beginning of the school-year there were 115 pupils in the preparatory division, amongst whom 6 European pupils under contract with the Government and 2 European, 1 Javanese, and 2 Sumatran girls not under contract with the Government.

M e d i c a l d i v i s i o n. C u r r i c u l u m. The new organisation of the medical education by which the training of Indian Practitioners is divided over a period of 7 years, now reached the 4th class.

A midwife was appointed and the maternity clinic, and the policlinic thoroughly taken in hand. For the time being however we shall not be able to do without the kind assistance of the Military Hospital.

A special lecturer was appointed for physiological chemistry, and special hours were set apart for practical laboratory work, so that greater justice may be done to this subject which is taking an ever increasingly important position in clinical work. Incidentally the task of the Director-physiologist is lightened considerably by this arrangement.

To meet the practical difficulty that Indian Practitioners were not able to administer any other dental assistance than extractions, a dentist was appointed to teach theoretical and practical dental surgery. This should be considered as an additional subject for Indian Practitioners, and not, as a training for dentists. This training still forms a subject of enquiry on the programme of the Committee appointed for the purpose. The dentist above-mentioned was also appointed for rendering dental assistance to the patients at the Central Civil Hospital.

Ophthalmology was put on a more solid basis, as the lecturer in this subject, a military doctor, left the military service, and thus was able to devote his full energy to the school as ophthalmologist. A daily policlinic was opened instead of the two per week as formerly, the work done was brought to a higher pitch of development and the number of educational appliances considerably increased.

It was also possible to place the lectures on dermatology and venereal diseases on a wider basis owing to the improved localities and the ample flow of patients to the new Hospital. The appointment of a special assistant became more urgent.

In the month of June the lectures for the preparatory division and in the non-clinical subjects were also held for the first time at Salemba. It is here the place to record our thanks to the Mayor of Batavia who so very kindly placed motor lorries at our disposal for the removal of the educational appliances. Nothing was either broken or damaged during the transport.

On the fifth of July all the lectures were held at Salemba, and from that date onward the old building in the Hospital Road was used as living-house for the students, were they also have good opportunity for private reading.

A few rooms in the old building were temporarily fitted up for training classes for chemists' assistants.

The opening of the new school and the new Hospital at Salemba are a milestone along the road of our medical education.

Final examination. The first part of this examination was held from the 27th of October to the 18th of December 1919, the second part from the 16th of March to the 12th of May 1920.

In the first examination period 13 candidates were examined for the first time in the examination, and four candidates (three of whom presented themselves for the second time) for the second part.

Eleven candidates passed in the first part, two failed.

Two candidates who came up for the second time, passed in the second part, one failed, whereas the fourth was prevented from being examined on account of illness. Consequently he could not obtain his diploma.

In the second examination period two candidates were examined for the second time in part I, and eleven in part II, one candidate for the second time.

One candidate passed in part I, the other failed again; in the second part 10 candidates passed and one failed.

Again one candidate was prevented by illness from being examined for the second part.

Policlinic for surgical cases, skin and venereal diseases. 4.323 patients presented themselves at this policlinic for treatment, i.e. 883 below last year's number. This drop is very probably only of a temporary nature, caused by the removal of the policlinics to Salemba in the course of the school-year. The number of patients will no doubt increase again considerably when the native population has discovered where the new Hospital is situated.

Policlinic for eye-diseases. The number of patients who presented themselves for treatment at this policlinical exceeded last year's by 224, being 1376 in total. The number of clinical patients, as well as the number of operations performed in presence of the students, was also larger.

Policlinic for internal diseases. The number of cases registered at this policlinic, being 1783, marks an increase of 444 over last year.

For further details we refer to the annual report of the Stovia published by the Government Press at Weltevreden.

School for Indian Practitioners at Sourabaya (Nias).

Pupils. Number of pupils at the end of the school-year 1919/1920

Preparatory division:		Medical division:	
7	Europeans	19	Europeans (1 female)

2	Ambonese	8	Ambonese
40	Javanese (1 female)	2	Dyaks
3	Malays	33	Javanese
4	Medadonese	2	Malays
1	Ternatan	1	Ternatan
8	Chinese	16	Chinese
65		81	

The total number of pupils therefore was 146, 134 of whom were under contract with the Government. In the course of the year, 6 pupils left the school, whereas 11 were dismissed, among whom 10 under contract with the Government.

Education. The conditions of life at Sourabaya are, on the whole unfavourable to study. This statement is sufficiently borne out by the fact that, in the course of 1920 only 20 pupils of the Preparatory division could be moved up out of a total of 35, and only 9 of the Medical division out of a total of 20.

As regards educational appliances 1920 distinguished itself favourably in this respect from former years. A good supply of instruments, books etc. arrived, so that on this point no further anxiety need be felt.

Buildings. A start was made with the main school building, so that we shall most probably be able to move into it in the course of 1922. In other respects the state of affairs remained unaltered, which means that in many ways we had to make the best of what we had. All things well considered, the housing accomodation which the Nias offers in this, the eighth year of its existence, leaves much to be desired. An early completion of the new institute would therefore be a great help forward.

Training of nursing staff.

On the first of May the training of nurses (male and female) began at the Hospital at Pandeglang, and on the first of June at the missionary hospital at Bandoeng. The training at the Civil Hospital at Ngawi was discontinued on account of the poor results obtained.

The total number of (native) nurses in training in 1920 was 692, i.e. 409 males and 283 females.

Of these, 76 male and 35 female probationers were dismissed; twenty male and 15 female nurses obtained the diploma as mantri-nurse 2nd class 9 male and 6 female nurses passed their examination for mantri-nurse 1st class. The diploma for laboratory-assistant was given to 33 male and 17 female candidates; two female and one male candidate obtained their diploma as laboratorian.

In the course of the year under review 2 male and 1 female probationer died.

The number of midwives training at Government Hospitals in 1920 amounted to 28 (the number 174 given in last year's report, is a misprint and should be 34). In the course of the year 9 pupils passed the obstetric examination.

Courses for analysts, sanitary inspectors and chemist's assistants.

Up to the end of 1920, eleven pupils followed the course for analysts; 5 followed the course for sanitary inspectors.

Both courses of lectures were given in the Medical Laboratory, Salemba. The director of the Laboratory is also the head of these courses.

Thirty-two pupils, amongst whom 8 females, attended the course for chemists's assistant at the end of 1920. In the course of the year 15 pupils obtained the final diploma, whereas 8 discontinued their studies. An apothecary is at the head of this course of lectures.

Hospitals.

In order to provide medical assistance for the population in those parts where private hospitals are already in existence, the Government deemed it desirable to co-operate with the authorities in charge of such institutions. To that end various contract-forms were proposed which should bring this co-operation about.

By following this policy, the considerable expense, connected with the erection of new Government Hospitals, would be avoided.

As most plantations in the islands beyond Java have their own hospitals for nursing the members of their staff, and other patients, these institutions could be run for common account and supply a common want.

The idea of the contract is to ensure co-operation on a basis of equality, the contracting parties, i.e. Government and Planters, taking proportional shares in the running expense of the hospitals, according to the interests they have in it. The basis for estimating the share of each would be the number of beds at the disposal of each party concerned.

The co-operation above-mentioned might be brought about in either of the following three ways:

1. At a place where there is a Government Hospital, the planters in the neighbourhood should be invited to be responsible for a certain number of beds. Since the Government favours the principle of having as little as possible to do with the direct care of the sick, the exploitation, management and use of the hospital and inventory-articles should be put into the hands

of the Planters' Union in return for payment of a certain rent. The Government on their side, undertakes to pay a share in the so-called fixed running expense of the hospital. The basis for estimating the amount shall be the number of beds which are kept at the disposal of the Government. By fixed running expense shall be understood e. g. the cost of upkeep and lighting of the hospital, the cost of the water supply, the salaries of the staff, the expense of administration etc., and also the actual charges for nursing i.e. the outlays on food, medicine, etc. for each patient who enters the Hospital. When the hospital has been run for a certain number of years by the planters (or Planters Union as the case may be), the institution may pass entirely into their hands.

2. The opposite of the instance above mentioned may be the case, viz. that a certain number of beds in an existing planters' hospital are put at the disposal of the Government, in which case the latter shall pay their share in the fixed and other expenses, of the hospital.

3. Government and planters build a hospital for common account each contributing proportionally towards the building and other expenses. Upon completion the building becomes at once the property of the Planters Union, with this restriction, that the Government shall have the required number of beds at their disposal.

The following details may be mentioned with regard to the building of new Hospitals and the extension of existing ones:

On the 3d of March the foundation-stone was laid of the Municipal Hospital and on the 5th of July of the Nursing and Maternity Home „Pamitran", both at Cheribon At Bandoeng the Municipal hospital is reaching its completion. On the 3d of July the foundation-stone was laid of the new missionary hospital „Immanuel". At Garoet, Tasikmalaja and Indramajoe a beginning was made with the building of district hospitals. The various preliminaries for the building of the hospitals at Soekaboemi are in full swing; the grounds are being got ready and building material is being purchased. The missionary hospital at Solo has been extended to a hospital 5th class. Preparations are being made for the building of district hospitals at Pekalongan, Koedoes and Madioen, and for private hospitals at Solo, Klaten and Kediri (for the Trading Company Amsterdam). The idea was suggested to combine the hospital at Banjoemas with that at Poerwokerto. This plan however was given up for the building of a district hospital at Banjoemas. The hospital at Moentilan was handed over to the R. C. College at that place. The missionary hospital at Kelet was extended with one pavilion.

The Sugar Factory Sewar Galoor (Res. Djocjacarta) built an auxilliary hospital for natives.

At Toeloengagoeng the hospital and the orphanage which had hitertho been in the same compound under one management, were separated.

At Bencoolen a beginning was made with the building of a hospital, also for the nursing of sick prisoners. The plantation hospital at Ajer Poetih was opened, that at Waringin Tiga (Res. Bencoolen) was finished, and — according to contract (see above) — opened for the population of the district.

The hospital at Djambi was handed over to the Military Medical Service for exploitation.

A beginning was also made at the missionary hospital Pea Radja (Res. Tapanoeli) with the building of a wing for nursing and observing lunatics.

For various reasons the building of a Central Hospital at Medan was delayed. In the meanwhile the old native and Chinese hospitals were greatly improved.

At Pontianak a union was formed for the erection of a Civil Hospital. The site for this institution has been purchased. The building of district hospitals at Sintang and Sanggau is in preparation.

The building of a central planters hospital was discussed at Martapoera.

At Makassar both the municipality and the Red Cross society tried to come to an agreement with regard to the erection of a hospital. Unfortunately this agreement has not jet been arrived at.

In August the new district hospital at Palopo was opened, whilst funds were allowed for the building of a ward for infectious diseases at the district hospital at Posso.

The hospital at Merauke was practically finished and opened. Plans are being drawn up for the hospital at Manokwari.

Appendix 12 gives a list of the subsidised hospitals and the subsidies allowed.

Central Civil Hospitals.

Weltevreden. Staff. In 1920 16 doctors 9 of whom were European and 7 Indian were active at the Hospital. The Director was in charge throughout the year. The management of the old hospital was put into the hands of one of the Indian practitioners.

Besides the staff mentioned, six clinical lecturers from the Stovia with their assistants rendered medical aid.

The European nursing-staff consisted on the 31st of December of 1 Matron head-nurse, 1 female head nurse, 13 female nurses first class, 1 male nurse first class, and 2 male nurses second class; the native nursing-staff consisted of 25 mantri's, many of whom where lent to Bodi-Kemoeliaan and the old hospital at Glodok.

75 male and 46 female nurse probationers were in training, whereas 24 24 youths were being tested for probationers. The training of 21 male and 9 female probationers was discontinued.

The European staff of chemists consisted of 1 head chemist and one assistant first class. The other assistants were on the staff only for a short time.

Administrative staff. 1 Administrator 1st class, 1 administrator 2nd class, 2 Dutch and 3 Malay clerks.

Technical service. 1 Overseer, 2 mandoors for the waterand light installations and 2 mandoors for the workshop.

Other staff. 1 European porter, 1 female European superintendent in charge of the linen, 1 female European superintendent in charge of the kitchen, moreover 1 day and 1 night-porter, 1 mandoor for the mortuary, 1 mandoor for the garden, 22 mandoors and servants, 1 Chinese cook, 10 coolies for the kitchen, 17 gardeners and 35 coolies and 3 grave-diggers.

Buildings. No alteration was made in the purpose for which the buildings had been erected. Throught the year the work of completion of the hospital was pressed forward. No new wards were as yet handed over, so that the nursing capacity remained stationary. If however the various details of the building are finished as arranged by contract, one of the two-storied pavilions will be opened in 1921, also the mortuary, the dispensary (which is being rebuilt), the wards for infectuous diseases and the laundry. Moreover the iron railing round about the premises, the drive and the water-supply in the W. C.'s, should be completed in that year.

Work. In the course of the year 1920, 6.383 free patients were treated and nursed at the Central Civil Hospital (5.445 in 1919) with a total of 124.681 nursing days, whereas the average number of patients per day amounted to 341.

It should be noted that the number of free patients in 1919 included the patients who were treated at the Pasteur Institute, and those who were suffering from epidemic diseases, who today are nursed at Glodok. The yearly report of this latter institution reveals this number, viz. 898, making a total of 7.281 for 1920 (5.445 in 1919). In future, the annual report of the Central Civil Hospital and the Hospital at Glodok will be entirely separate.

Finances. The cost of nursing per day and per bed in 1920 reached the amount of f 3.62 whereas the amount was estimated at f 2.32. This is chiefly due to the enormous increase in the price of foodstuffs and the considerable rise in salaries which had to be made when the salaries were revised.

The amount estimated for food alone was exceeded by f 62.695.— that for salaries by f 71.607.—

Policlinic. The policlinic at the Central Civil Hospital was entirely handed to the clinical lectures of the Stovia.

354 visa reperta and 228 medical certificates were issued. 647 persons who wished to enter the Civil Service were examined, of whom 107 were disqualified. 90 Civil Servants who had applied for home leave were examined by the Medical Committee.

Hospital at Glodok. In the course of the year 1920, 3.132 natives from the various prisons and 898 free patients were nursed. The policlinic was visited by 68 Europeans, 1.445 natives and 386 foreign Orientals, making altogether 1889 persons.

The staff consisted of 1 Indian practitioner.

Auxiliary Hospital. (Vide Lunatic Asylums).

Semarang. The Central Civil Hospital at Semarang is composed of the Hospital Tawang and the Auxiliary Hospital. These names were continued on account of their old standing.

Staff. Besides the Director, 7 European doctors and Indian practitioners were active at this hospital for a longer or shorter period.

On the 31st of December 1920 the nursing staff consisted of 5 female European nurses of the 1st class, 2 native mantri female nurses and 3 male mantri nurses of the same class, 14 female and 5 male mantri nurses, and 3 midwives. 55 female and 55 male probationers were in training.

The further staff at the Tawang Hospital consisted of 1 European porter, 1 native assistant porter, 19 male and 8 female servants, and at the Auxiliary Hospital : 1 administrator, 1 clerk, 1 chief-dresser, 1 porter, 2 male an 3 female servants.

Buildings. No particulars.

Work. In the course of the year 1920, 2.323 free patients, 47 lepers and 581 prisoners were admitted at the Tawang Hospital, in toto 2.951 patients. At the Auxiliary Hospital 3.349 free patients and 61 lunatics were admitted, being 3.410 in all. This makes a grand total of 6.361 for the Civil Central Hospital, with a total of 149.982 nursing days. The average number of patients per day amounted to 411.

Finances. The total expenses for 1920 amounted to f 291.264.94, or f 1.94 per bed and per day.

Policlinic. At the Tawang policlinic 738 patients, and at the Auxiliary Hospital policlinic, 5.145 patients were treated.

68 Visa reperta were issued, 264 persons who wished to enter the Civil Service were examined, and 21 Civil Servants who had applied for leave on account of illness.

Soerabaya. Staff. Besides the Director, 8 European doctors and 5 Indian practitioners were active on the staff for a longer or shorter period.

The nursing-staff (European) on the 31st of December 1920, consisted of 1 female head-nurse and 6 female nurses of the first class, (native) 10 female mantri nurses and 11 male mantri nurses (7 of whom were at the disposal of the Inspector of East Java). Moreover there were 4 unqualified male and 2 ditto female nurses. 2 female and 36 male probationers were in training. The further staff consisted of 1 Administrator and the usual staff of servants.

Buildings. No alterations were introduced either into the buildings or the grounds. In the course of the year under review a beginning was made with the extension of the hospital.

Work. In the course of the year 1920, 8.640 patients were nursed.

The total number of nursing-days amounted to 138.462, and the average number of patients per day to 397.

F i n a n c e s. The total expenses for 1920 amounted to f 319.140,84 being f 2.30 per day and per bed.

P o l i c l i n ic. 5426 patients were treated, 648 visa reperta were issued, 1.271 persons desirous of entering the Civil Service were examined, and 46 persons who had applied for leave on account of sickness.

Beri-beri Hospital at Buitenzorg.

By Government-decree this hospital has been temporarily fitted up as a Training School for the Police. In the early part of December a start was made with the removal of the patients to other hospitals and institutions, so that on the 31st of December only four patients remained in one of the wards at the back of the compound, who will be transported later on.

Altogether 1.084 patients were admitted, many coming from Sawah-Loento and from the Djember district. The average number of patients was 112 per day. 117 patients died.

Lunatic Asylums.

T h e A s y l u m a t B u i t e n z o r g. S t a f f. The medical staff consisted of 1 Doctor-Director and 1 other Doctor, besides 2 Indian practitioners.

On the 31st of December the European nursing-staff was composed as follows:

qualified female nurses	7
female probationers	10
qualified male nurses	3
male probationers	13

Another course of lectures was given to two female probationers who have been active at the asylum for a long time already, and who may be expected to stay at their vocation after having obtained their diplomas.

The courses of lectures for the native probationers were continued regularly. In Juli an examination was held for those pupils who had followed the lectures for three years. Of the ten candidates 7 passed, 1 failed, whereas 2 were re-examined in December. These two also passed satisfactorily.

In July an advertisement for female native probationers was inserted in various native newspapers, with the result that very suitable persons applied ; 24 were engaged. One asked to be dismissed after a month. The others do their work with zeal and ambition. The idea is to engage more young women in this branch of the service, in which case additional housing accommodation will be necessary. Steps are being taken for the building of a separate home for nurses.

At the end of December the native nursing-staff consisted of:

male probationers	19
female probationers	24
male servants	120
female servants	82

P a t i e n t s. On the first of January 1920 the number of patients amounted to 353 Europeans and 889 natives, making a total of 1.242. On the last of December 1920 these numbers were 361, 858 and 1.219 respectively. In total 426 Europeans and 1.035 natives were admitted. Of these 24 Europeans and 73 natives died, giving a mortality of 56 $^0/_{00}$ resp. 70 $^0/_{00}$ of the number of patients.

41 Europeans and 104 natives could be dismissed, being 9,6% and 10% of the number of patients under treatment.

14 reports were issued with regard to the state of mind of accused persons, 5 Europeans and 9 natives. In 11 cases (4 Europeans and 7 natives) the verdict was, that the crime of which they had been accused, had been committed while temporarily insane. In 7 cases a further treatment in an asylum was deemed necessary.

The crimes committed were:

Attempt at murder	2
Insubordination (Mil.)	1
Theft	2 (not insane)
Destruction of Government goods (Mil.)	1
Murder	6 (1 not insane)
Conspiracy	1 (not insane)
Disobed ience (Mil.)	1

One European and 5 natives were dismissed as not insane, in total 6 patients.

Attemps at suicide or self-mutilation occurred twice; 1 European and 10 natives made attempts at escape. The European returned again of his own free will after 3 months, whereas the efforts at tracing two natives remained without success.

No alteration was made in the system of treatment. 40 native women and 56 native men were housed with families. These numbers remained practically the same troughout the year.

P r o v i s i o n o f o c c u p a t i o n. The patients were kept occupied as much as possible with various kinds of work.

A g r i c u l t u r e. The rice-fields were worked regularly. The plantation of Bengal grass was extended. A few acres of rice-field were handed over to the Botanical Gardens for planting Chenopodium.

The sale of agricultural produce amounted to:

White rice	f 1874,25
Grass	3112,55
	f 4986.80

		f 4986.80
Rice-bran		74.94
Rice in the ear		208.05
Bamboo		9.95
Fruit		60.20
Ground rent		312.15
	Total	f 5652.09
Off purchase of new tools		309.84
	Nett profit	f 5342.24

At the end of December the live-stock consisted of 7 horses and 21 buffalo's.

Buildings and compound. A start was made with the building of two new pavilions in the division for native women, to replace the old ones.

Asylum at Lawang. Staff. At the end of December 1920 the staff was composed as follows:

European doctors	2 (including the Director)
Indian Practitioners	5
Head nurses (female)	2
Head nurses (male)	2
European nurses (female)	23 (14 qualified)
European nurses (male)	26 (4 qualified)
Native nurses (male)	114
Native nurses (male)	246
Probationers	11

The increase in the staff was due to:

1. the opening up of a new ward for women;
2. an increase in the nightwatches;
3. an increase of work in all branches.

In the course of the year three probationers qualified and obtained the special diploma for nursing lunatics. Two remained on the staff; the other requested to be dismissed on account of marriage.

Patients. On the first of January 1920, there were 258 Europeans and 2.138 non-Europeans, total 2.396 patients. On the 31st of December there were 259 Europeans and 2.202 non-Europeans, total 2.461.

Altogether 325 Europeans and 2.539 non-Europeans were under treatment, total 2.864 patients. Of these 19 Europeans and 158 non-Europeans died, total 177, being about 6.1 % of the number of patients under treatment.

Reports were issued on 37 patients who were kept under observation. In 32 cases, they were declared to be irresponsible on account of insanity with regard to the crimes committed; 5 persons were held to be responsible.

On account of intercurrent diseases, 179 male and 17 female Europeans were attended to, and 753 male and 401 female non-Europeans, making a total of 1.350 patients. The list below gives the diseases in detail:

Malaria	750	deaths	4
Amebic dysentery	125	,,	23
Bacillary ,,	6	,,	6
Beri-beri	5	,,	3
Fibrinous pneumonia	17	,,	4
Tuberculosis	43	,,	31
Diseases of the digestive organs	91	,,	15
Old age and exhaustion	286	,,	31
	1350		144
Deaths in consequence of insanity			33
Total number of deaths			177

The number of cases of dysentery, which was much larger than last year's, was in the first place due to the fact that some transports consisted practically of dysentery patients only. Moreover the feces were examined more systematically, even of those who were apparently in good health and those who were suffering from slight enteritis.

In spite of administering quinine prophylactically, many patients suffered from malaria this year.

Other diseases, either of an epidemic or an endemic nature, did not occur in such number as to justify special mention.

No cases of suicide occurred this year; one female patient made a few attempts at it, but was prevented by the vigilating nurses.

Escapes. Two European men escaped, but were brought back. Of the 18 native men and 1 woman, only 6 returned, so that 12 native men and 1 woman were taken off the books, because they did not return within 3 months.

Therapy. The principal forms of therapy were: bed-treatment, open air-treatment and treatment by means of occupation. Chemical therapy was chiefly limited to patients suffering from intercurring diseases. Treatment of patients while residing with families, was not put into practice this year.

Provision of occupation. In the course of 1920, 20.5% of the European men, 25.7% of the European women, 77.5% of the non-European men and 69% of the non-European women were occupied with systematic work, i.e. of the 2.461 patients, 1.739 were kept busy, giving an average of 70.7%.

The larger industries yielded a very satisfactory margin of profit, the smaller industries, however, such as shoemending and bookbinding worked at a slight loss. These latter industries are too useful, however, either as occupation or as industries which are not found in the town of Lawang, to be given up.

The Agricultural department has also yielded a very useful profit. The animals which were useless, were sold. The herd of pigs was added to by the purchase of a pair of Yorkshire and a pair of Berkshire pigs (male and female) from Australia.

The gross profit of f 32.000 yielded a net profit of f 19.000.—. These figures, ought certainly to rise, if a greater number of suitable hands for work in the rice-fields could be found among the patients. Owing to this shortage of hands, part of the fields was let to the population, which meant a loss of profit.

B u i l d i n g s. A new ward was erected in the place of the temporary ward which had collapsed. Various wards have been entirely repaired. In the course of the year under review practically all the wards were painted and the walls in the various classes were colour-washed. The gutters were entirely covered over. The autopsy-room of the laboratory was taken into use. The old room has now been changed into a central workshop, and has been considerable enlarged with a room, in which mattresses are being made.

T h e a u x i l l i a r y a s y l u m „S o e k o". This auxiliary asylum is about ready for use. Towards the end of the year the laundry was opened and has been working satisfactorily.

The compound round about the wards has been better drained, a hedge has been planted, and the garden has been divided into small plots. The kitchen was thoroughly repaired and looks quite nice now.

T h e a u x i l i a r y a s y l u m „S e m p o e". No alterations took place. The water-supply works satisfactorily. The water, however, as drinking water, has been approved of only conditionally. The permanent workshop is now quite ready and gives every satisfaction. The building of the new laundry is being pressed forward and will most probably be handed over in the early half of 1921.

With reference to the Asylums at Buitenzorg and Lawang also see Appendix 13.

A s y l u m a t M a g e l a n g. The building of this asylum was continued without interruptions. The Government decided to appoint a Doctor director as soon as the asylum was opened, on the same terms and conditions as have been laid down for the other asylums. The Government also decided to lay on a temporary water supply, as the Magelang water-supply will most probably not be ready within the first few years to come. For this purpose a sum of f 30.000.— has been granted.

E m e r g e n c y A s y l u m a t B a t a v i a. In the course of the year 1920, 524 fresh patients were admitted, i.e. 254 males and 270 females.

The majority of these cases, viz. 388, originated from Western Java. The others came from Central and Eastern Java, and partly from the other islands.

Of these 524 patients admitted:

152 were dismissed cured,
27 were dismissed uncured,
61 were transferred,
7 escaped,
142 died,
135 were under treatment on the first of January.

The death-rate therefore amounted to 27% which must be ascribed chiefly to malaria, and also to dysentery, typhoid fever and pneumonia. At the beginning of the year a serious epidemic of beri-beri made many victims. The table below gives a detailed list of the various causes of death:

malaria (chiefly subtertian)	30
beri-beri + malaria	34
beri-beri	26
dysentery (bacillary and amebic)	27
typhoid fever	5
pneumonia	4

The unfavourable situation of the asylum close to fishing-ponds, and the old fashioned style of building which make it impossible to protect the patients sufficiently by means of mosquito-netting, are the principal reasons for the high number of deaths from malaria.

Also the treatment of dysentery and typhoid patients, as also attempts at the prevention of these diseases, could not be anything but very primitive, as the sanitary system of the asylum and of the surrounding houses leaves everything to be desired, so that we are anxiously looking forward to acquisition of the new asylum at Grogol.

As regards the nature of the diseases from which the patients admitted were suffering, acute mental aberration on account of fever occurred with surprising frequency.

From the 1st of January 1920 to the first of January 1921 we admitted:

135	patients	suffering	from	mental aberration on account of fever,
72	,,	,,	,,	other forms of acute mental aberration,
156	,,	,,	,,	dementia praecox,
50	,,	,,	,,	mania; melancolia; manic depressive psychosis.
25	,,	,,	,,	dementia senilis,
28	,,	,,	,,	dementia paralytica and lues cerebri,
7	,,	,,	,,	epilepsy,
5	,,	,,	,,	periodical psychosis,
13	,,	,,	,,	idiocy; imbecillitas,
4	,,	,,	,,	exhaustion; chronic tuberculosis,
2	,,	,,	,,	paranoia,
27	,,	,,	,,	unknown complaints.

The large numbers of patients suffering from acute mental aberration and from dementia praecox, are rather striking. As is well known, patients suffering from dementia praecox are met with in great numbers in the asylums; this however is not the case with those who suffer from acute mental aberration. The latter form only a very small percentage of the patients admitted into the asylums. Prior to the opening of the emergency asylum the latter were either locked up in the cells of the asylums, or — as was generally done — in the prisons.

The staff of the asylum was composed of : 1 doctor, 1 matron, 1 administrator, 2 male assistant nurses (not qualified), 1 temporary female assistant nurse (not qualified), 12 mandoors and 13 baboo's (female native servants).

On the first of January 1920 there were 89 patients in the asylum, on the first of January 1921, 166.

The buildings were practically left as they were. Owing to two restless patients showing symptoms of plague, all ceilings and wainscotings were removed by order of the Sanitary Service. On account of their delapidated condition all the wooden window fittings were taken away and replaced by wire netting so as to prevent escape by night.

Emergency asylum Mangoendjajan at Soerakarta. Staff. On the 31st of December the staff consisted of 1 doctor, head of the asylum, 1 matron, 5 European probationers, 42 natives (clerks, cooks, servants etc.)

Patients. 148 men and 112 women were admitted in the course of the year. Of these 12 died, i.e. 10 men and 2 women.

The patients admitted were practically all Javanese from the residency of Soerakarta and the town of the same name.

The detailed list below gives the kinds of disease admitted and the number of patients suffering from them:

traumatic psychosis	1
psychosis caused by infection	2
dementia paralytica	12
dementia praecox	74
epileptic psychosis	3
praesenile psychosis	1
arteriosclerotic conditions	1
senile psychosis	1
imbecility and idiocy	3
manic depressive psychosis	19
paranoia	1
endogenous psychosis	28
degeneration	38
unknown forms or still under observation	77

N u r s i n g. Practically no alteration was made in the system of treatment. Treatment in the open air and by means of baths were the principal cures employed. Also narcotica were frequently administered. Coercive measures were never used.

P r o v i s i o n o f o c c u p a t i o n. As might be expected, the number of patients who were daily engaged in work of some sort, shows a slight increase over last year's. About half of them are now occupied with more or less useful tasks.

E s c a p e s. Three persons managed to escape and many attempted to do so.

Pharmaceutical Department.

In the course of the year under review the supply of medicines from the Central Depot at Bandoeng left much to be desired. In order to meet, as far as possible, the complaints from the outlying districts, the consent of the Government was applied for and obtained for purchasing from private sources the medicines which Bandoeng could not supply.

A very frequent use was made of this authorization granted by Government decree.

The Central Depot of Medicines supplied:

medicines of European origin to the amount of f 685.644,83
medicines of Indian origin to the amount of ,, 78.868,67

Medicines were purchased from private sources to the amount of f 369070,63½, making a total of f 1.133.384,14½.

In Java and Madoera alone 12.789.200 quinine tabloids of 0,2 grams and 328.09 K.G. of quinine salts were used.

The campaign against framboesia was carried on with greater energy in 1920. The following quantities of neosalversan were supplied: 18.332 × 0.9 grams, 75 × 0.6 grams, 3.516 × 0.45 grams and 1.739 × 0.3 grams; of these quantities the outlying districts (i.e. those beyond Java and Madoera) received: 2.130 × 0.9 grams, 552 × 0.45 grams, and 386 × 0.3 grams.

All these figures refer to the quantites supplied by the Pharmaceutical Department of the Civil Medical Service. Additional supplies of neosalvarsan were purchased privately by the District Inspectors.

In order to enable various doctors to fight the influenza, about 397 K.G. of tabloids were supplied, made up from the following prescription : 0.25 aspirin, 0.15 pulv. doveri, 0.1 camphora.

The demand for opium preparations and opiumcaloids for medical purposes is rather great. The following quantities were imported on behalf of doctors and chemists (including the Central Depot of medicines):

187,1 K.G. of opium, 3.772 syringes, 13.200 needles, 12.43 K.G. hydrochloras morphini, 8.35 K.G. hydrochloras cocaini, 8.79 K.G. codein, 9.73 K.G. hydrochloras codeini etc. The demand for patent medicines containing

morphin on the contrary does not seem to be so vigorous, at least the figures do not point that way.

Chemists' shops were not inspected in 1920, nor was it possible to enforce the regulations. The connection with Europe left so much to be desired, that many chemists could not obtain new instruments or medicines of a better quality with out the greatest difficulty.

The quality of various medicines was below the requirements of the Pharmacopeia. The chemists and wholesale dealers tried their hardest to comply with the legal requirements. We may expect to see a more normal state of affairs in 1921.

Technical Department.

To meet the demand for technical advice in matters connected with building houses and hospitals, such as drainage, water-supply, etc. a Technical Inspector was temporarily appointed at the Head Office of the Civil Medical Service by the Government.

A working programme was drawn up for this Advisor.

The Technical Inspector gave his attention amongst other things to an experimental installation (Dr. J. Smit's) for the filtration of riverwater by means of lime, to various enquiries into and experiments with building systems and drainage. Definite results were however not yet reached.

Propaganda.

An Advisor for medical propaganda was temporarily appointed by the Government. He entered upon his duties in the latter half of the year under review, and made various suggestions for the organisation of this propaganda; amongst other points the proposal was made to train a film-operator on behalf of the service.

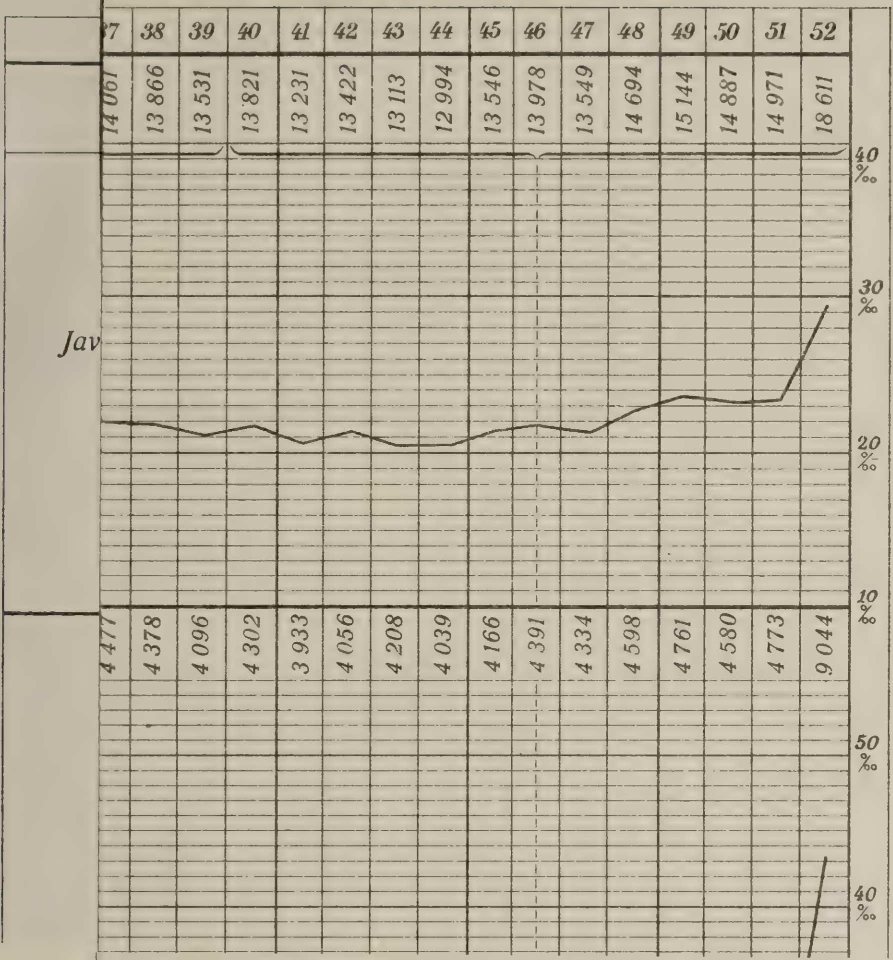
In the series „Korte Berichten" two new pamphlets were published viz. „Blind People" and „Venereal Diseases". A second impression of No. 2 of this series „Tuberculosis" became necessary, as also of No. 1. „The Beriberi Problem in connection with the Supply of Rice".

Moreover a free translation of „The Way to Health, A Sanitary primer published by the Education Department of Burma," was published under the title of: „Onze Gezondheid, een Volksboekje".

Scientific Publications of the Civil Medical Service.

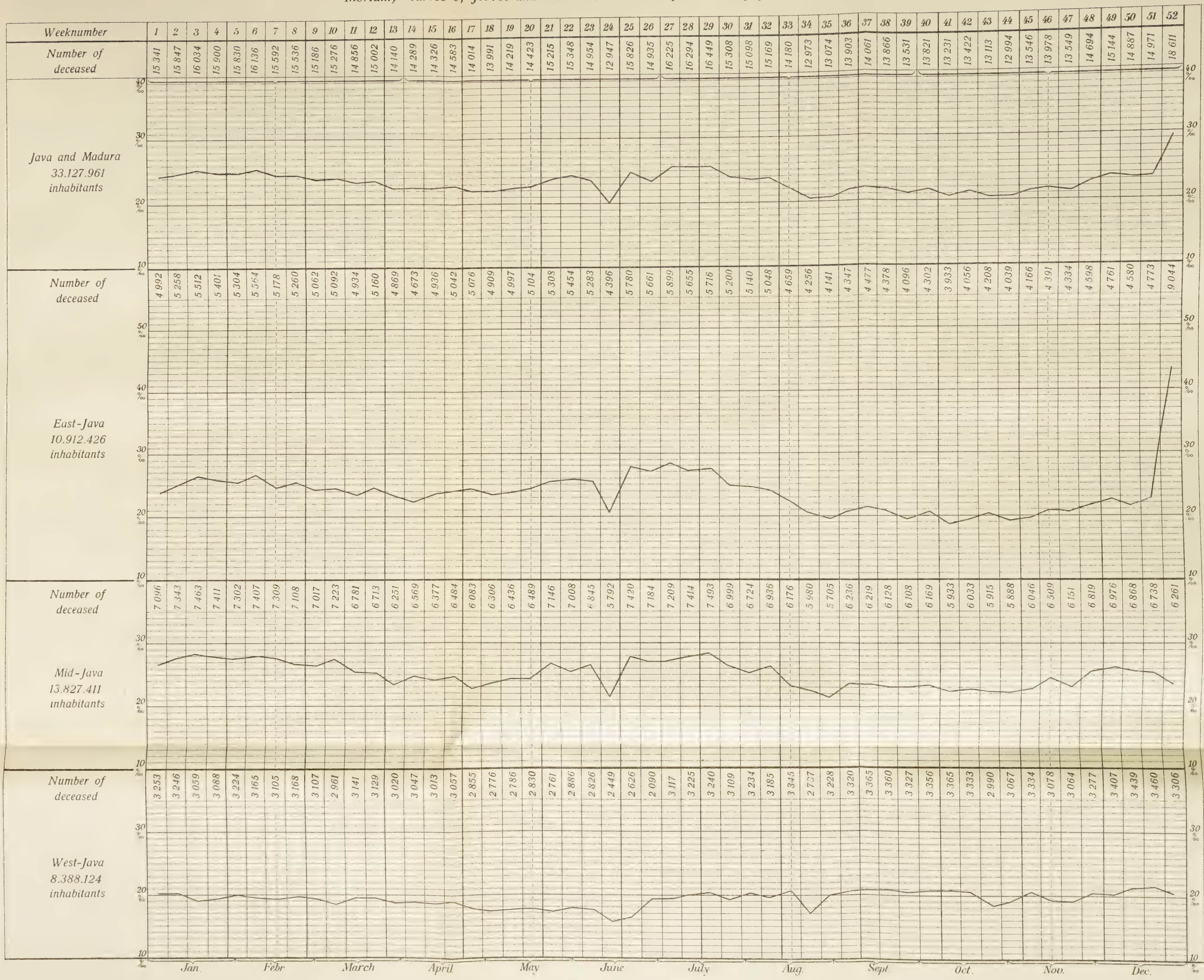
Appendix 15 contains a list of the papers published in the course of 1920 in the „Mededeelingen van den Burgerlijken Geneeskundigen Dienst". The second volume of „Leerboek der Parasitaire Ziekten en der Hygiëne" by P. C. Flu appeared also in the course of the year.

MORTALITY-FIGURES OF THE SUBDISTRICTS
OF JAVA AND MADURA
1920.


37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52
14 061
13 866
13 531
13 821
13 231
13 422
13 113
12 994
13 546
13 978
13 549
14 694
15 144
14 887
14 971
18 611
Jav
40 ‰
30 ‰
20 ‰
10 ‰
4 477
4 378
4 096
4 302
3 933
4 056
4 208
4 039
4 166
4 391
4 334
4 598
4 761
4 580
4 773
9 044
50 ‰
40 ‰

Appendix 2.

Mortality-curves of JAVA and MADURA over the year 1920; population 33.127.961.

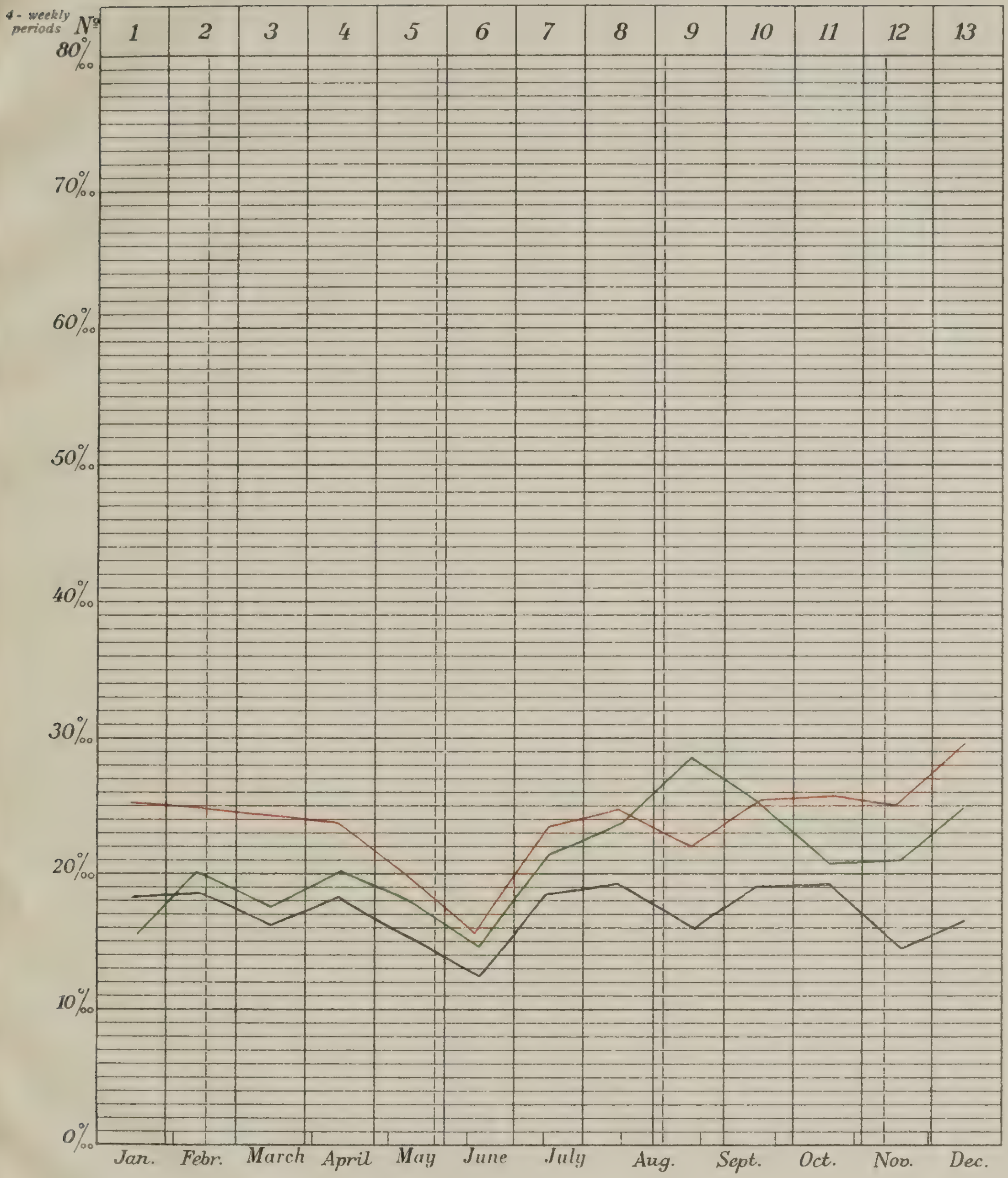


Weeknumber	Number of deceased: Java and Madura (33.127.961 inhabitants)	Number of deceased: East-Java (10.912.426 inhabitants)	Number of deceased: Mid-Java (13.827.411 inhabitants)	Number of deceased: West-Java (8.388.124 inhabitants)
1	15 341	4 992	7 096	3 253
2	15 847	5 258	7 343	3 246
3	16 034	5 512	7 463	3 059
4	15 900	5 401	7 411	3 088
5	15 830	5 304	7 302	3 224
6	16 136	5 564	7 407	3 165
7	15 592	5 178	7 309	3 105
8	15 536	5 260	7 108	3 168
9	15 186	5 062	7 017	3 107
10	15 276	5 092	7 223	2 961
11	14 856	4 934	6 781	3 141
12	15 002	5 160	6 713	3 129
13	14 140	4 869	6 251	3 020
14	14 289	4 673	6 569	3 047
15	14 326	4 936	6 377	3 013
16	14 583	5 042	6 484	3 057
17	14 014	5 076	6 083	2 855
18	13 991	4 909	6 306	2 776
19	14 219	4 997	6 436	2 786
20	14 423	5 104	6 489	2 830
21	15 215	5 308	7 146	2 761
22	15 348	5 454	7 008	2 886
23	14 954	5 283	6 845	2 826
24	12 947	4 396	5 792	2 449
25	15 826	5 780	7 420	2 626
26	14 935	5 661	7 184	2 090
27	16 225	5 899	7 209	3 117
28	16 294	5 655	7 414	3 225
29	16 449	5 716	7 493	3 240
30	15 308	5 200	6 999	3 109
31	15 098	5 140	6 724	3 234
32	15 169	5 048	6 936	3 185
33	14 180	4 659	6 176	3 345
34	12 973	4 256	5 980	2 737
35	13 074	4 141	5 705	3 228
36	13 903	4 347	6 236	3 320
37	14 061	4 477	6 219	3 365
38	13 866	4 378	6 128	3 360
39	13 531	4 096	6 108	3 327
40	13 821	4 302	6 169	3 356
41	13 231	3 933	5 933	3 365
42	13 422	4 056	6 033	3 333
43	13 113	4 208	5 915	2 990
44	12 994	4 039	5 888	3 067
45	13 546	4 166	6 046	3 334
46	13 978	4 391	6 509	3 078
47	13 549	4 334	6 151	3 064
48	14 694	4 598	6 819	3 277
49	15 144	4 761	6 976	3 407
50	14 887	4 580	6 868	3 439
51	14 971	4 773	6 738	3 460
52	18 611	9 044	6 261	3 306

APPENDIX 3

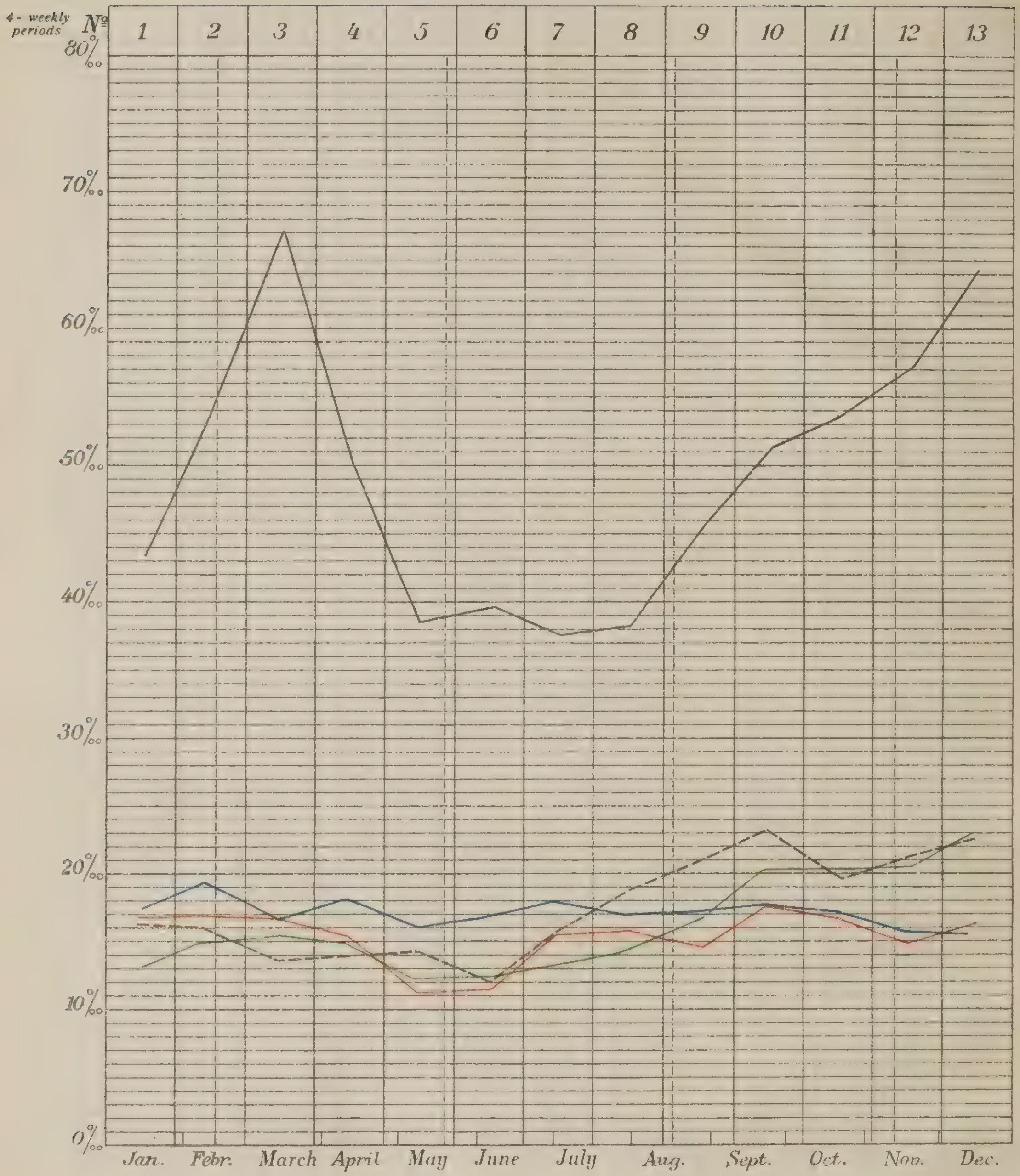
MORTALITY OF THE DIVISIONS OF JAVA, MADURA, BALI AND LOMBOK, IN THE 13 FOUR-WEEKLY PERIODS OF 1920.

RESIDENCY: BANTAM.



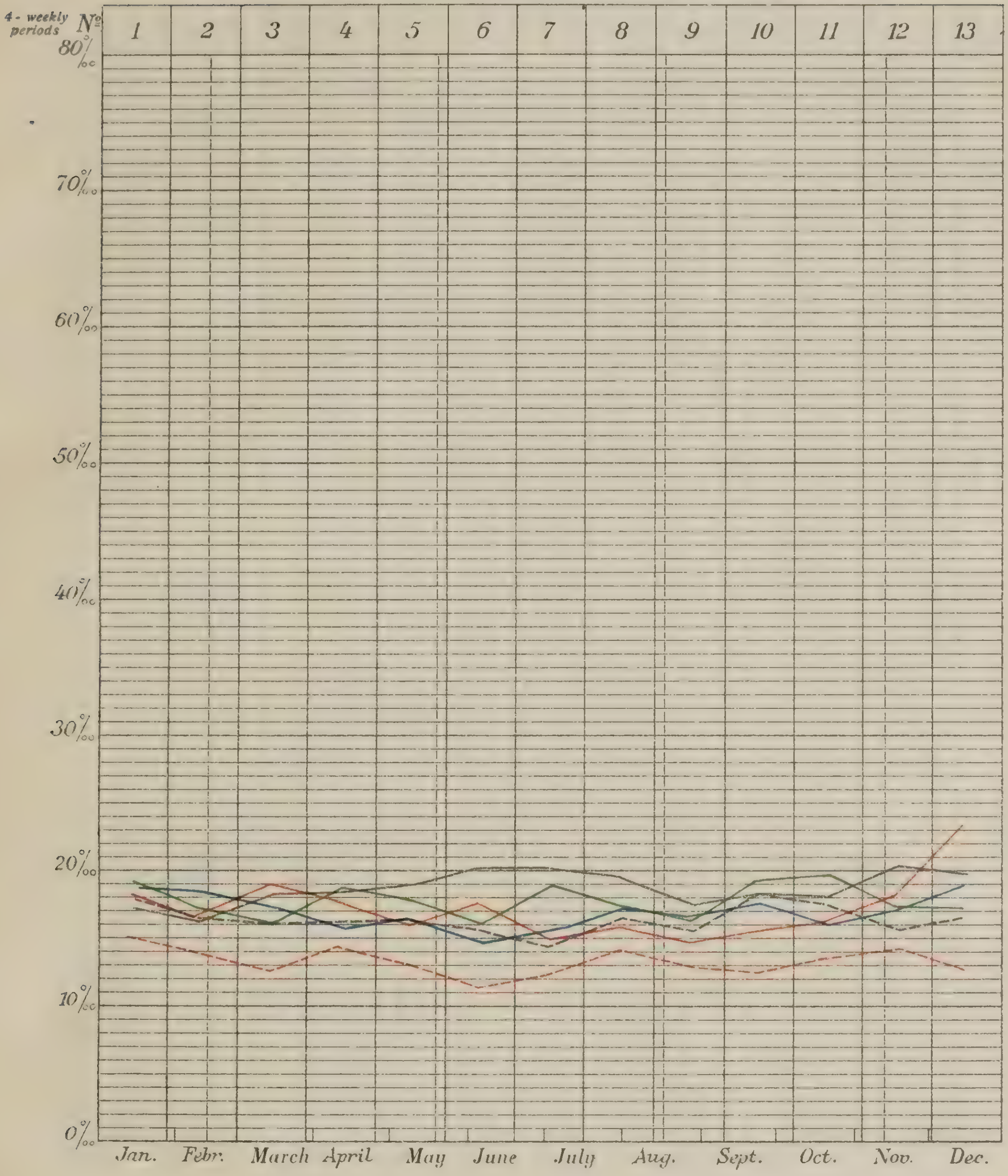
DIVISIONS:	POPULATION:
Serang	*368 855.*
Pandeglang	*332 449.*
Lebak	*187 659.*

RESIDENCY: BATAVIA.



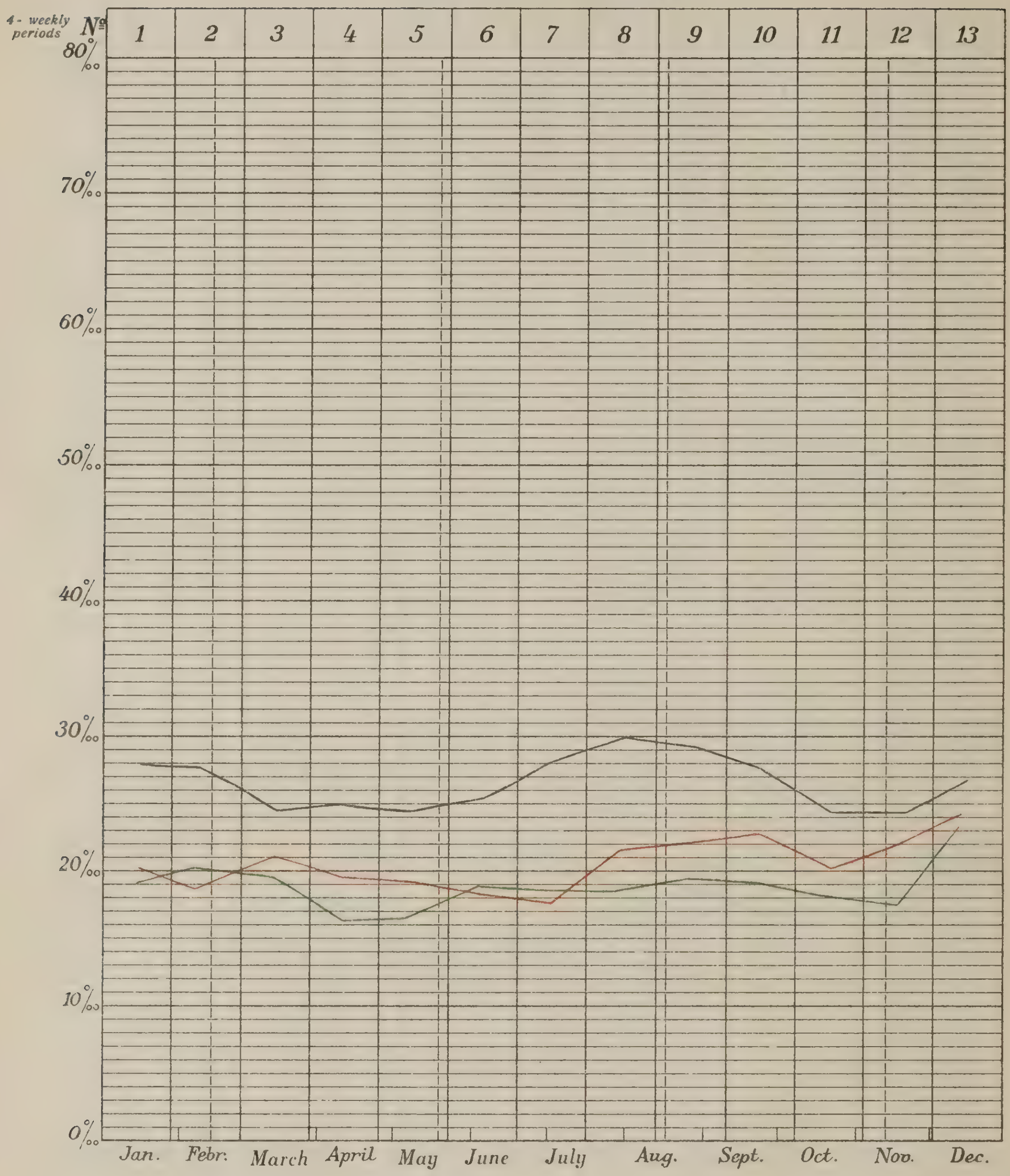
	DIVISIONS:	POPULATION:
———	*Batavia*	*186 610*
———	*Mr. Cornelis*	*408 557*
———	*Tangerang*	*411 440*
———	*Buitenzorg*	*770 928*
- - - - - -	*Krawang*	*667 208*

RESIDENCY: PREANGER - REGENTSCHAPPEN.



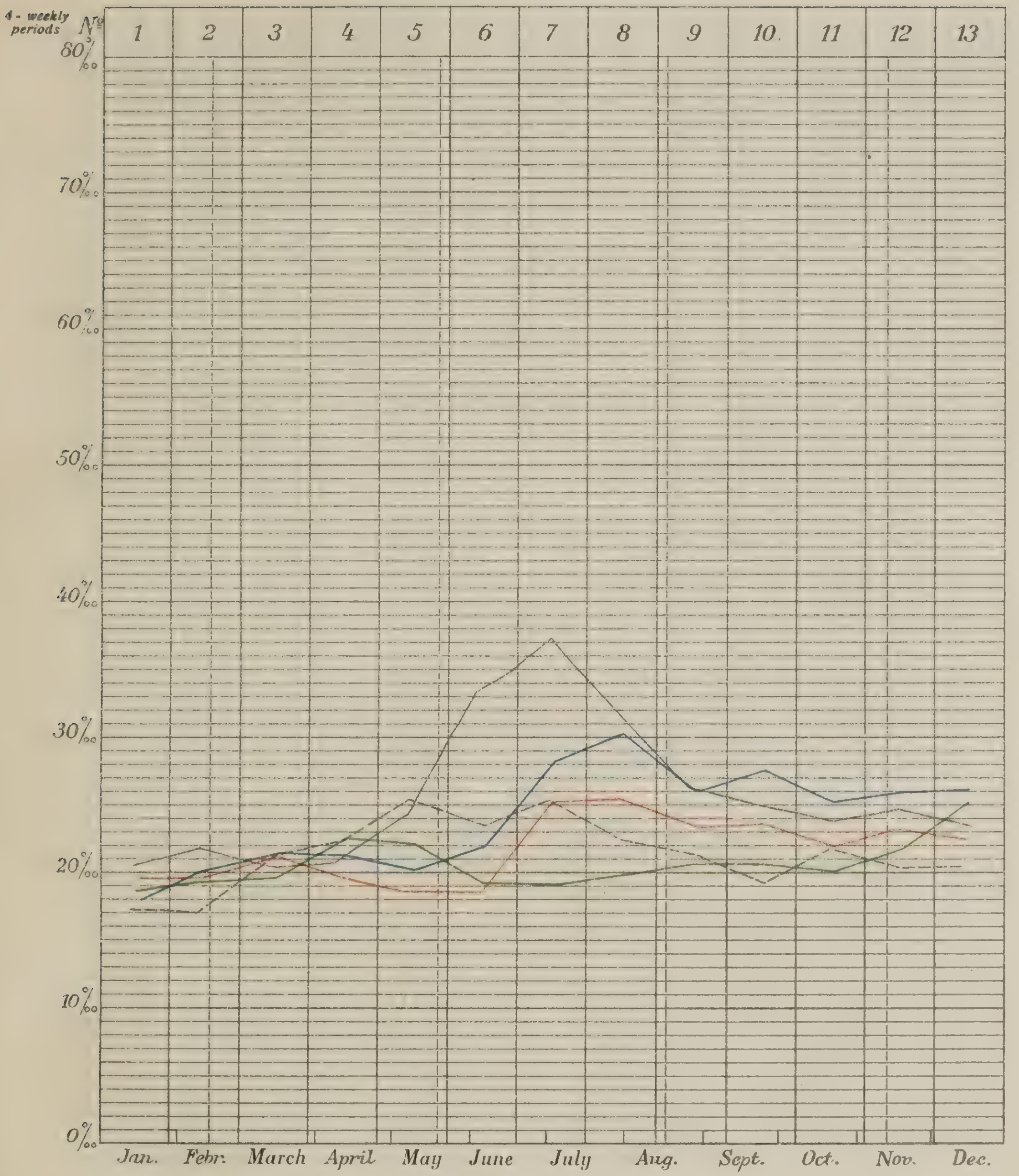
DIVISIONS:	POPULATION:
Bandoeng	806 549
Soemedang	283 174
Tjiandjoer	362 578
Tasikmalaja	947 154
Soekaboemi	468 903
Garoet	547 169

RESIDENCY: CHERIBON.



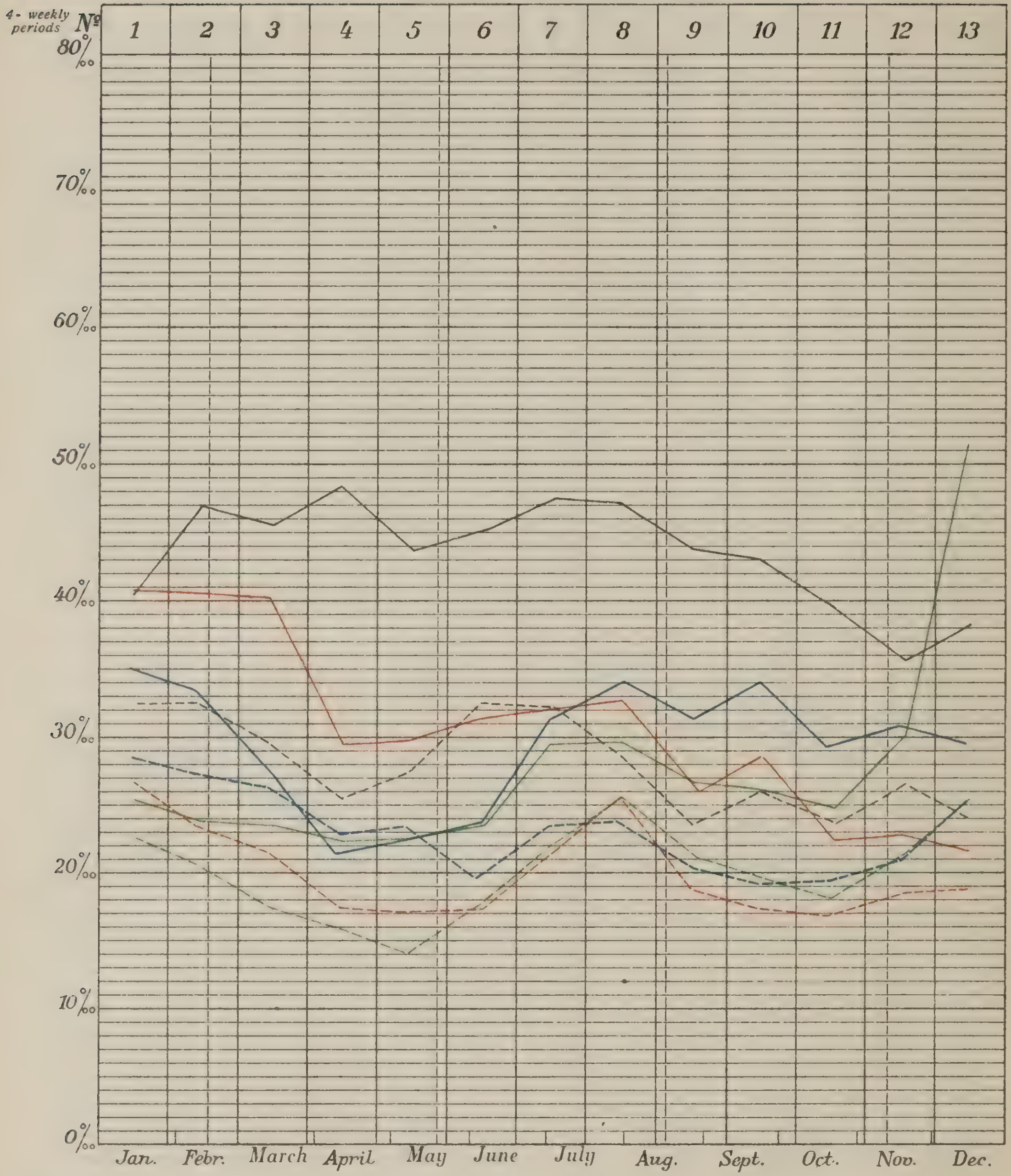
DIVISIONS:	POPULATION:
Cheribon	*905 227*
Indramajoe	*372 949*
Madjalengka	*360 715*

RESIDENCY: PEKALONGAN.



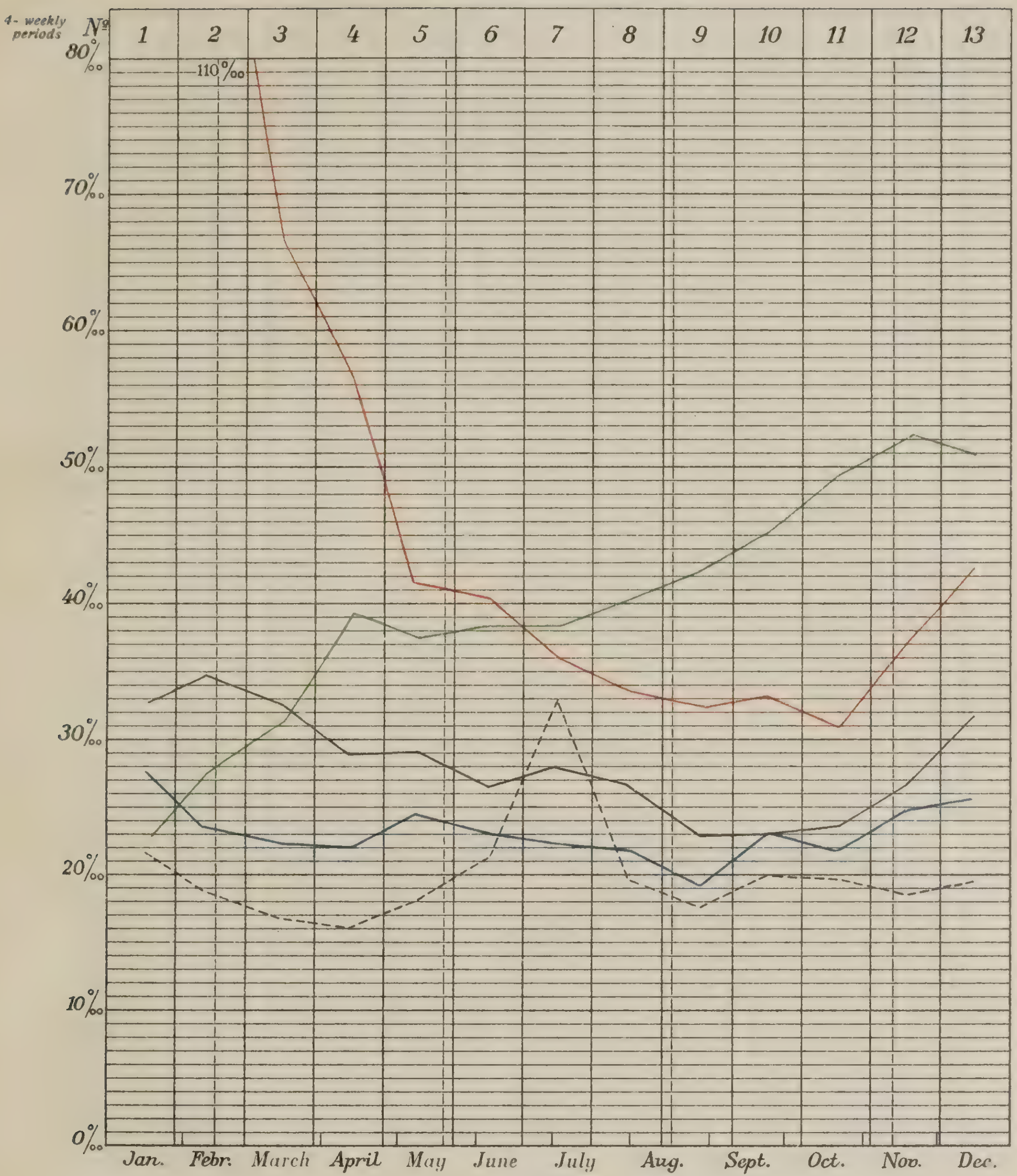
DIVISIONS:	POPULATION
Pekalongan	411 820
Tegal	587 854
Brebes	548 338
Pemalang	423 443
Batang	258 228

RESIDENCY: SEMARANG.



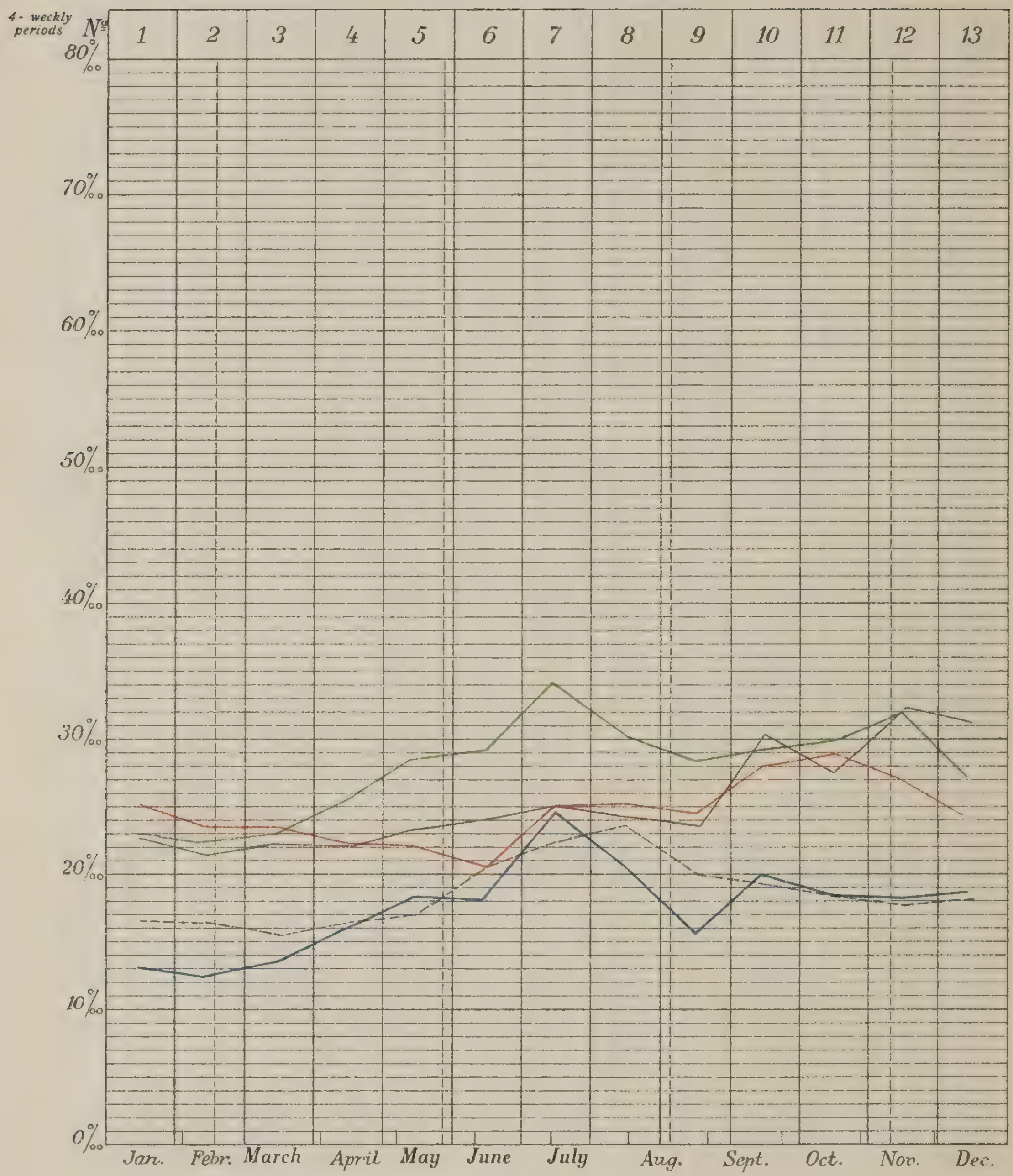
DIVISIONS:	POPULATION:
Semarang	204 663
Koedoes	268 908
Kendal	373 814
Demak	379 925
Pati	453 153
Grobogan	272 466
Jepara	278 900
Salatiga	381 777

RESIDENCY: KEDOE.



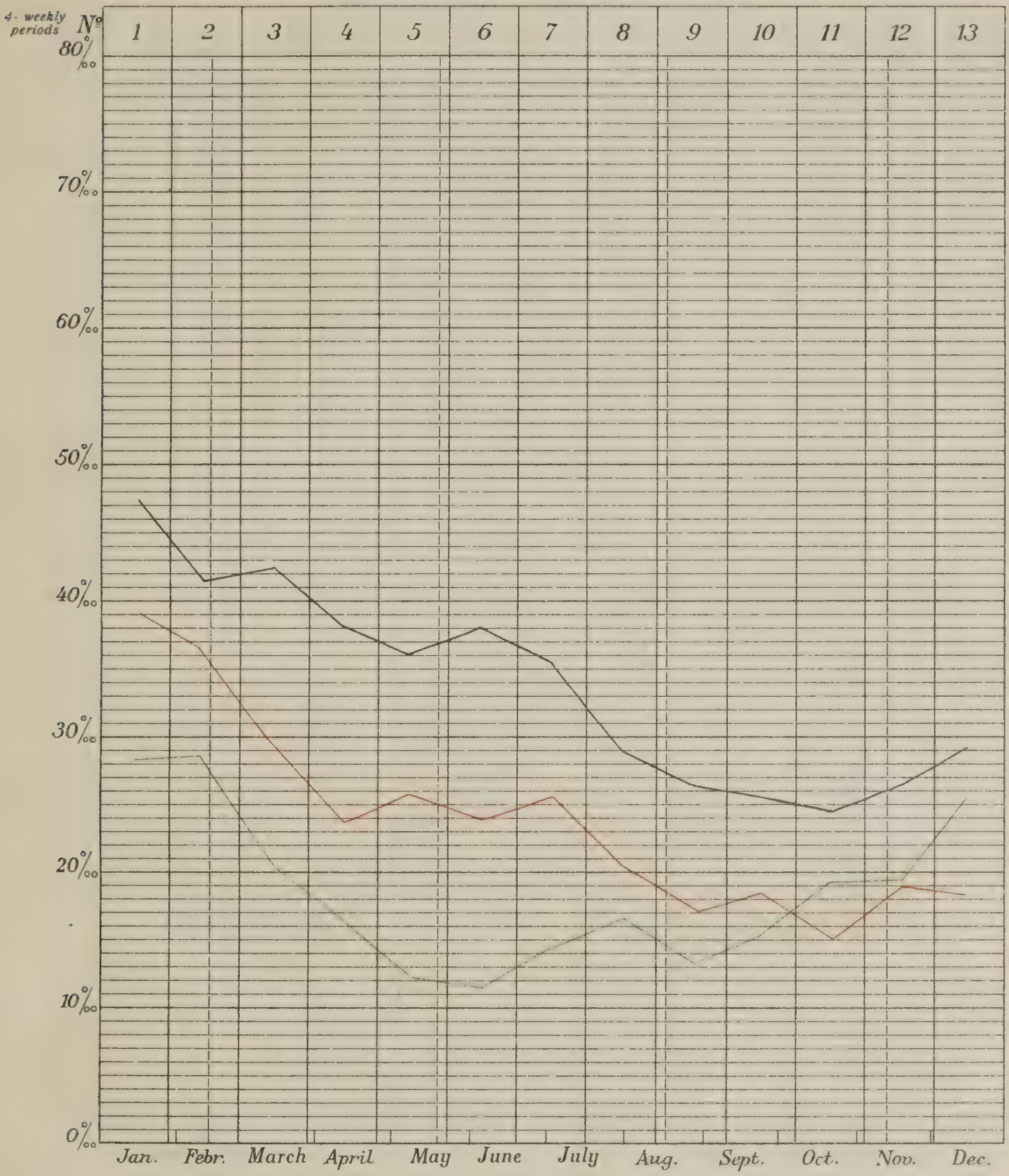
DIVISIONS:		POPULATION:
——— (black line)	*Magelang*	*563 513*
——— (red line)	*Temangoeng*	*293 796*
——— (green line)	*Wonosobo*	*349 284*
——— (blue line)	*Poerworedjo*	*543 756*
– – – – (dashed line)	*Keboemen*	*733 663*

RESIDENCY: BANJOEMAS.



DIVISIONS:		POPULATION
————	*Banjoemas*	346 641
———— (red)	*Bandjarnegara*	250 909
———— (green)	*Poerbolinggo*	352 621
———— (blue)	*Poerwokerto*	300 034
- - - - - -	*Tjilatjap*	407 992

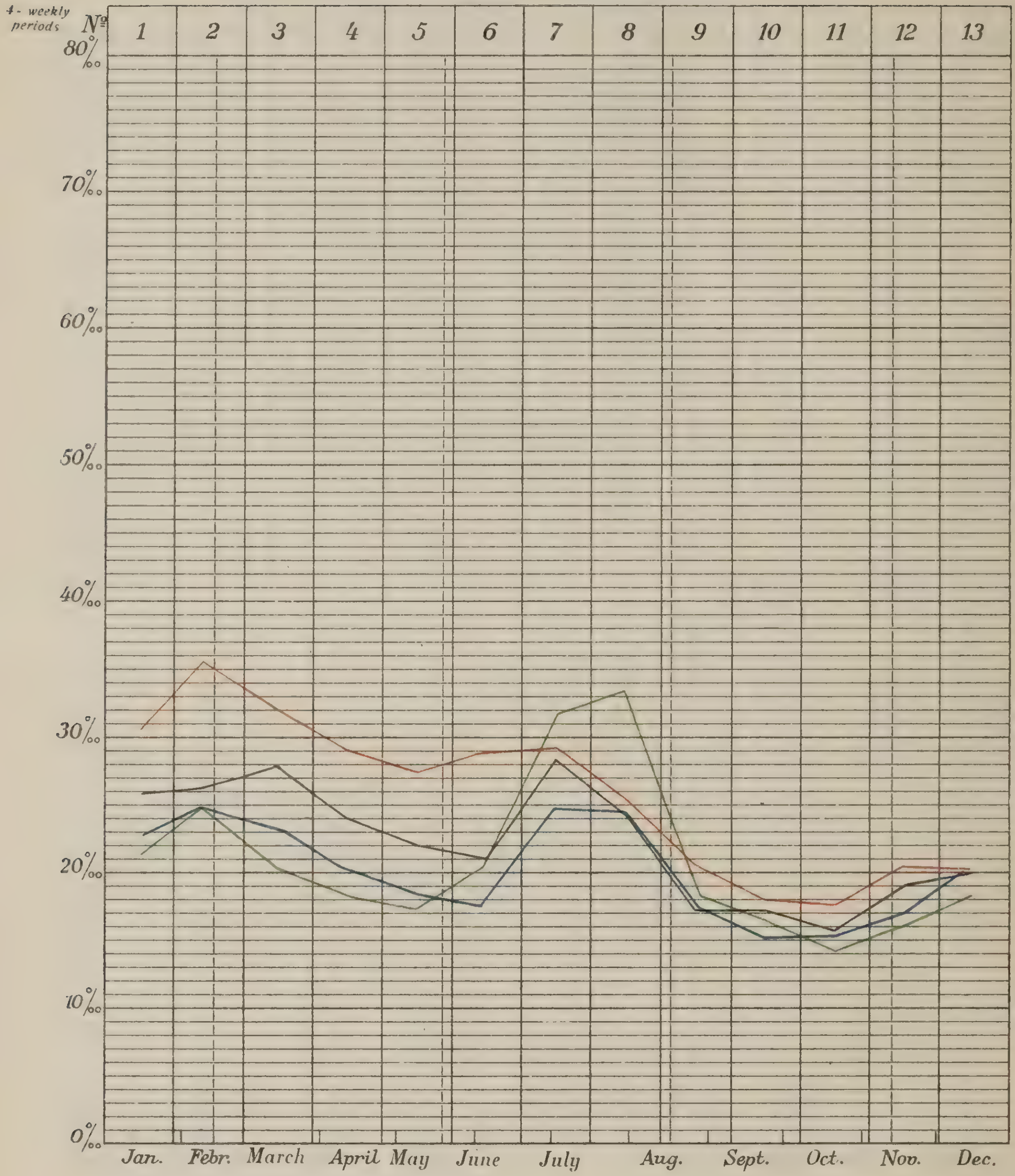
RESIDENCY: DJOKDJAKARTA.



DIVISIONS:	POPULATION:
Djokajakarta	780 407
Koelonprogo	264 551
Goenoengkidoel	259 755

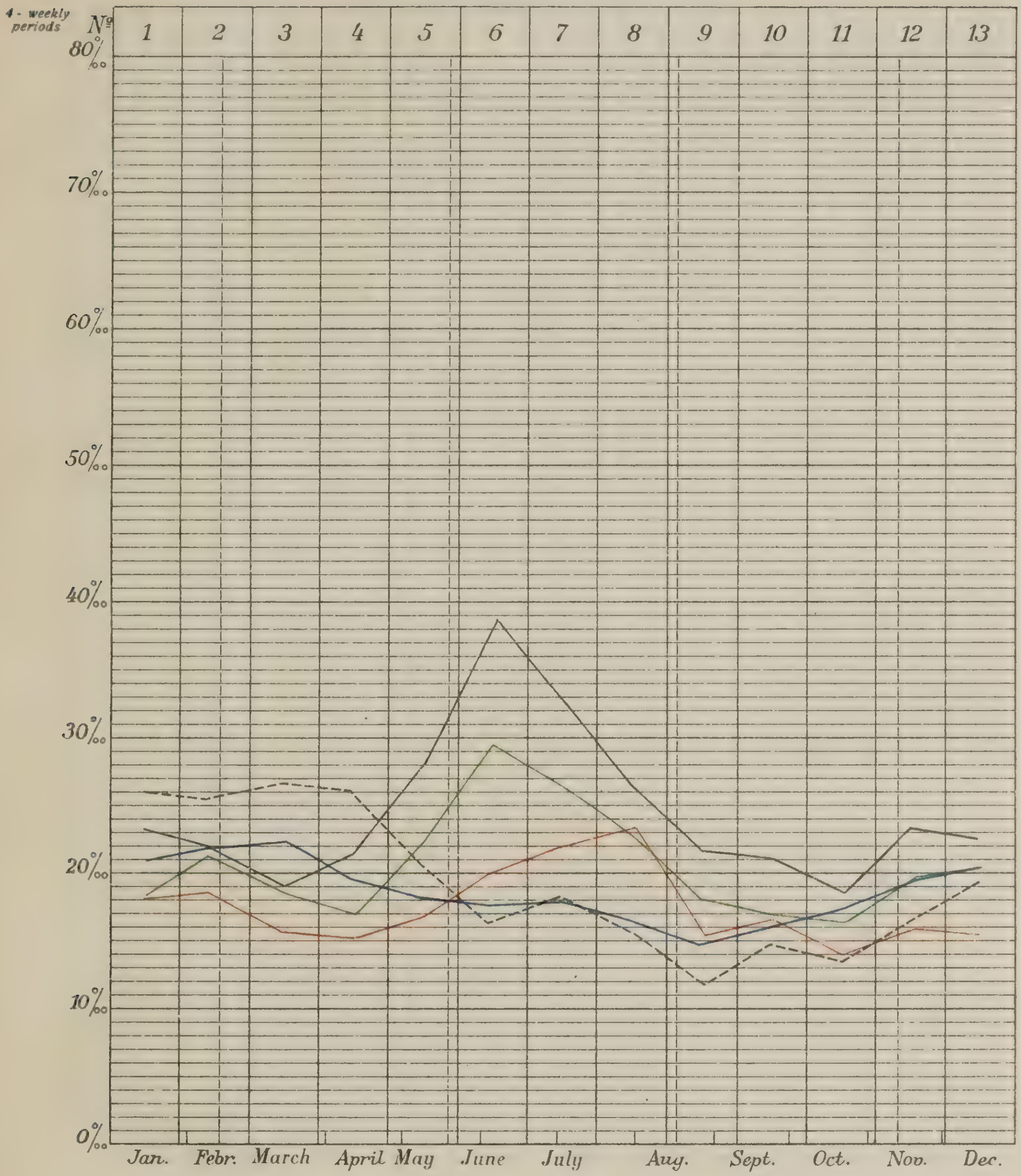
XII.

RESIDENCY: SOERAKARTA.



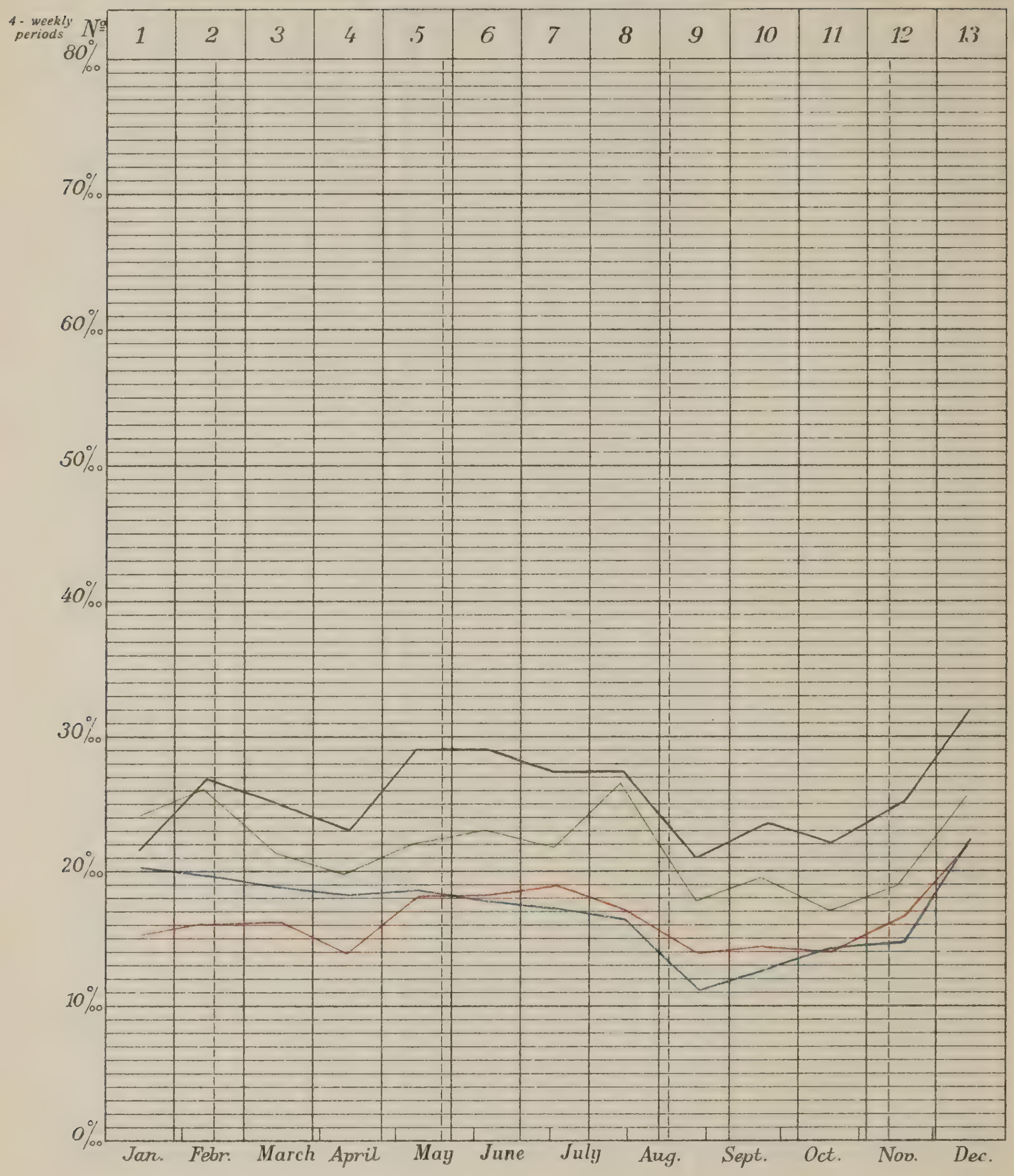
DIVISIONS:	POPULATION:
Soerakarta	*871 958*
Klaten	*463 138*
Sragen	*360 665*
Bojolali	*281 093*

RESIDENCY: MADIOEN.



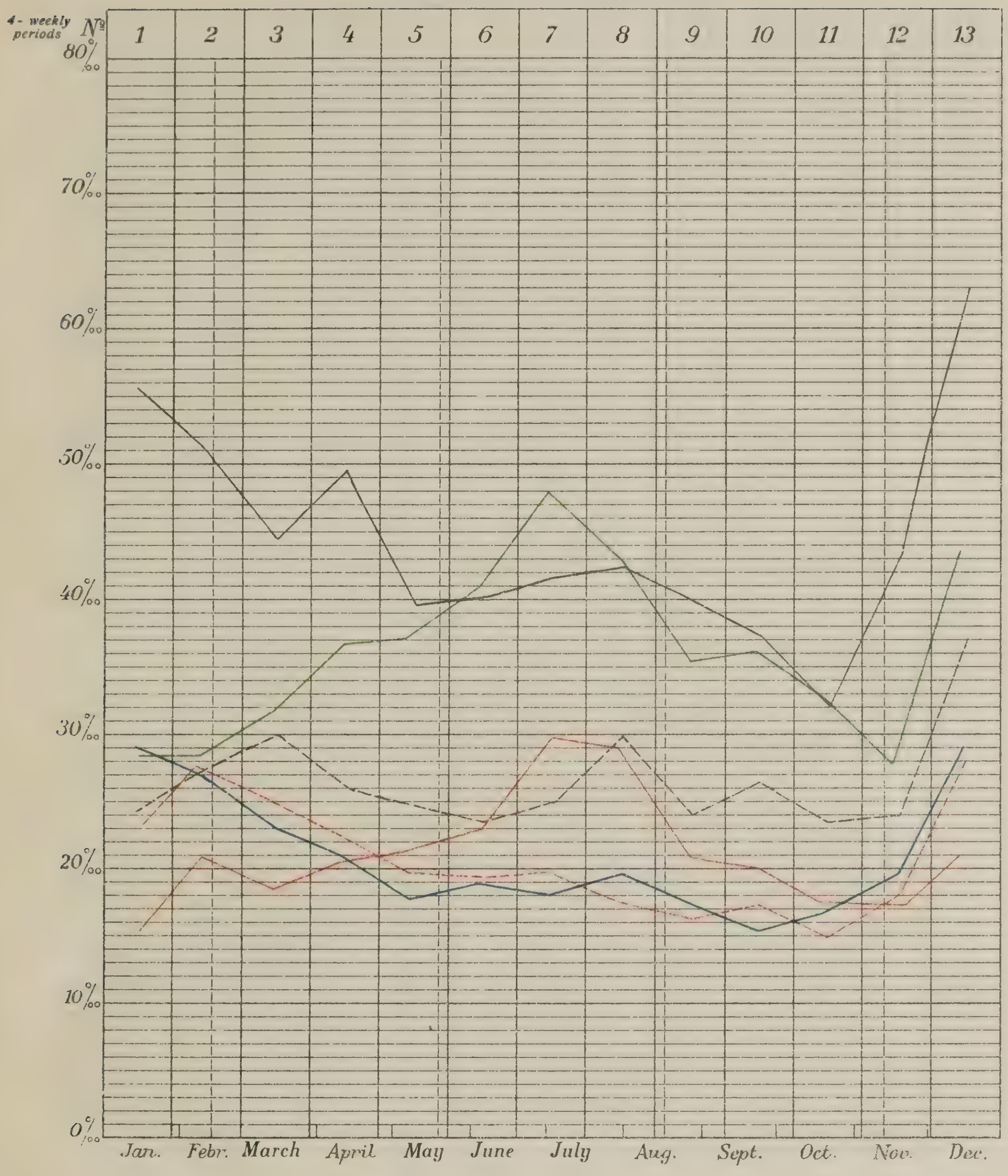
DIVISIONS:		POPULATION:
————	*Madioen*	*319 011*
———— (red)	*Ngawi*	*287 683*
———— (green)	*Magetan*	*296 178*
———— (blue)	*Ponorogo*	*411 453*
- - - - - - -	*Patjitan*	*246 021*

RESIDENCY: REMBANG.



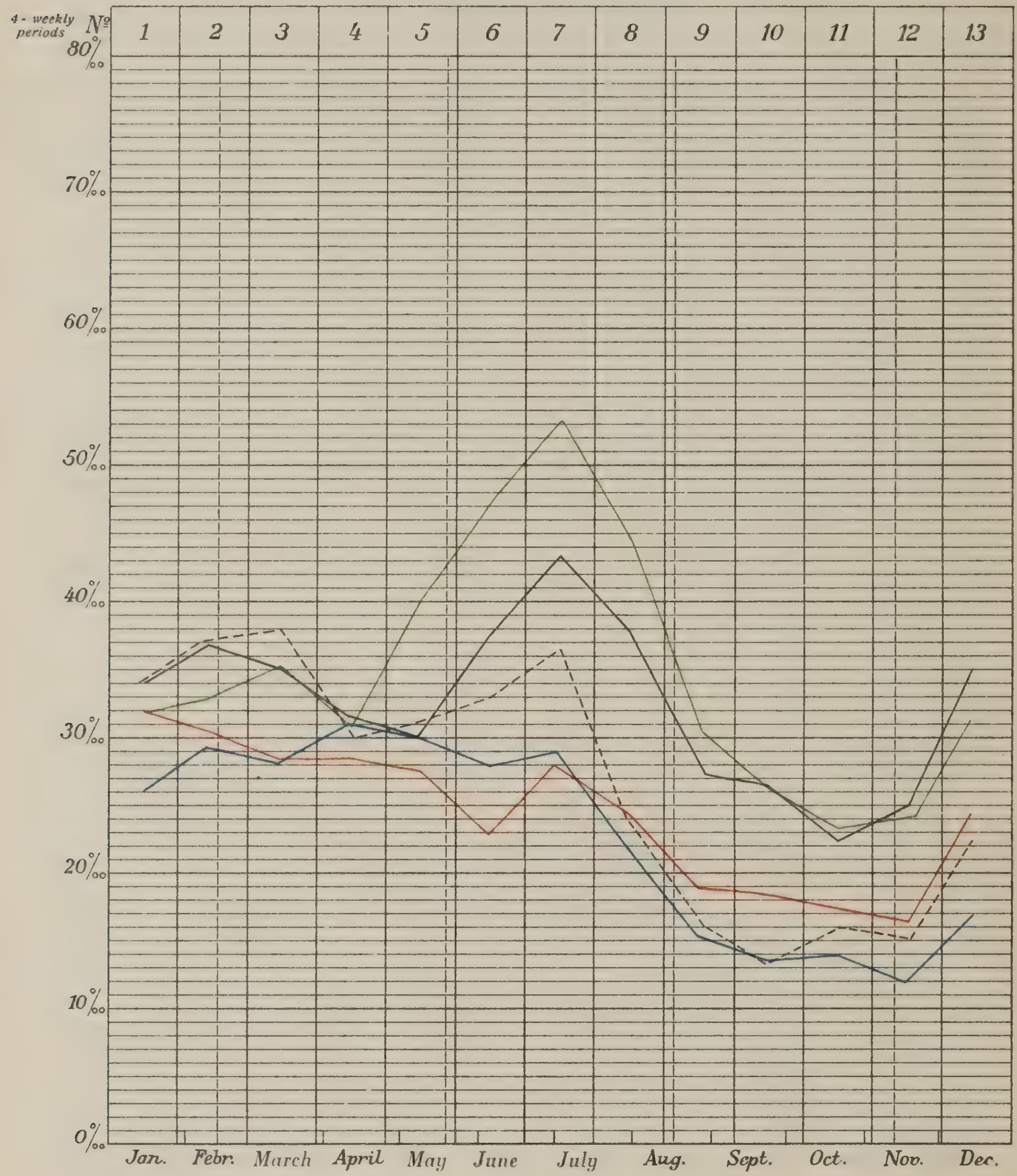
DIVISIONS:	POPULATION
Rembang	*275 023*
Blora	*362 516*
Toeban	*488 265*
Bodjonegoro	*486 186*

RESIDENCY: SOERABAJA.



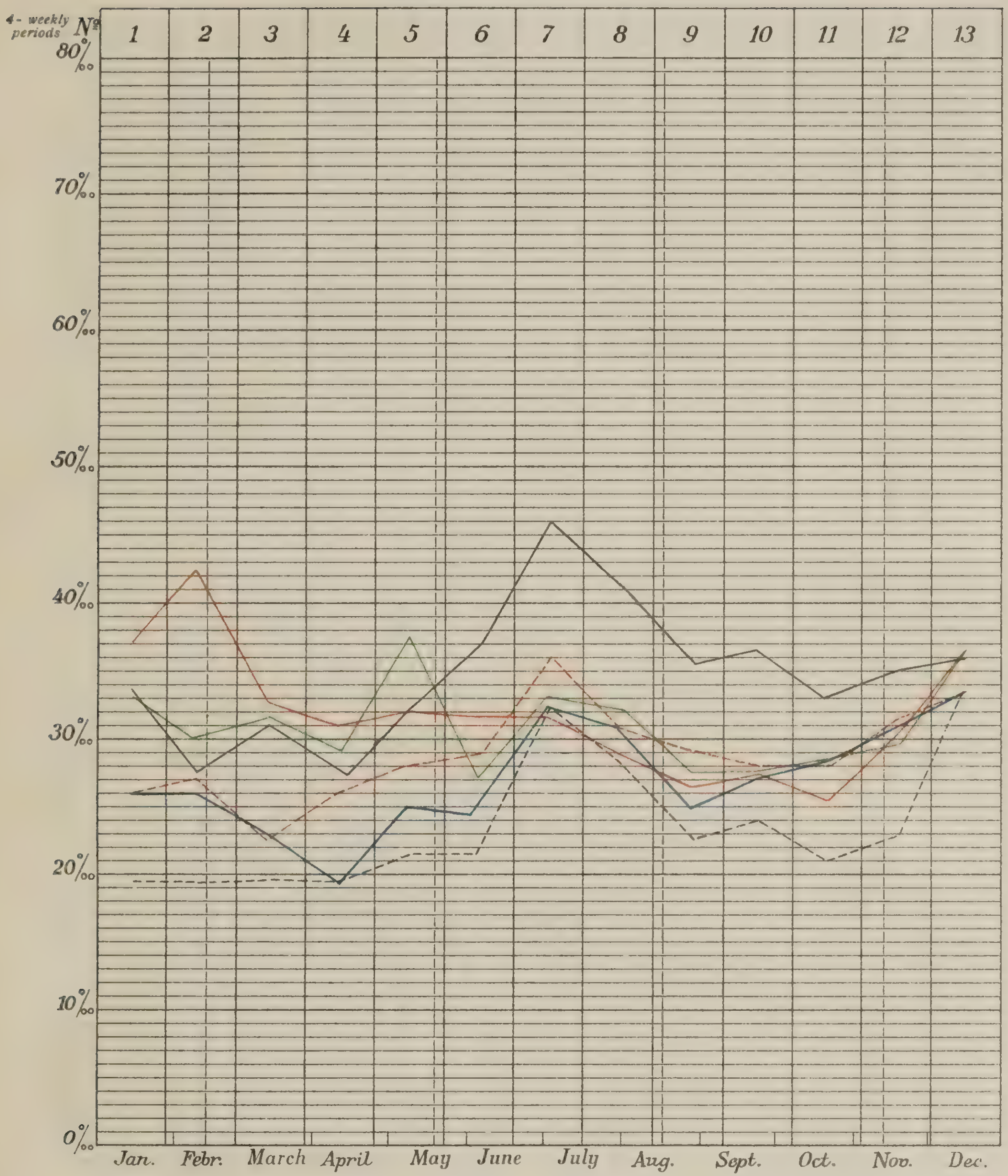
DIVISIONS:	POPULATION:
Soerabaja	319 918
Djombang	475 020
Sidoardjo	435 039
Grisee	342 261
Modjokerto	377 807
Lamongan	480 865

RESIDENCY: KEDIRI.



DIVISIONS:	POPULATION:
——— *Kediri*	*538 270*
——— *Blitar*	*429 692*
——— *Berbek*	*413 205*
——— *Toeloeng Agoeng*	*382 317*
- - - - - *Trenggalek*	*213 849*

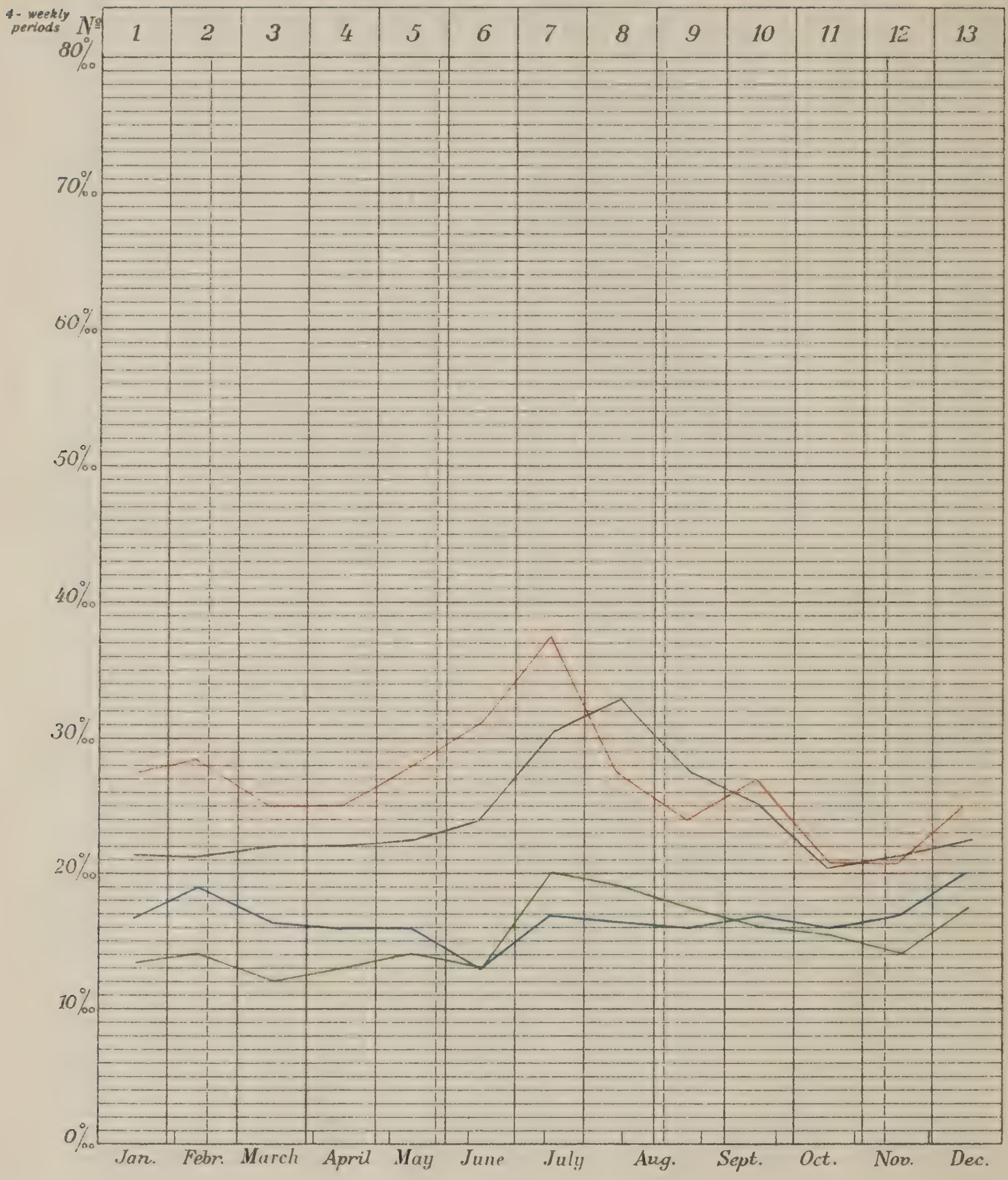
RESIDENCY: PASOEROEAN.



DIVISIONS:	POPULATION:
Pasoeroean	286 291
Malang	744 705
Bangil	252 699
Loemadjang	248 546
Kraksaän	218 349
Probolinggo	215 697

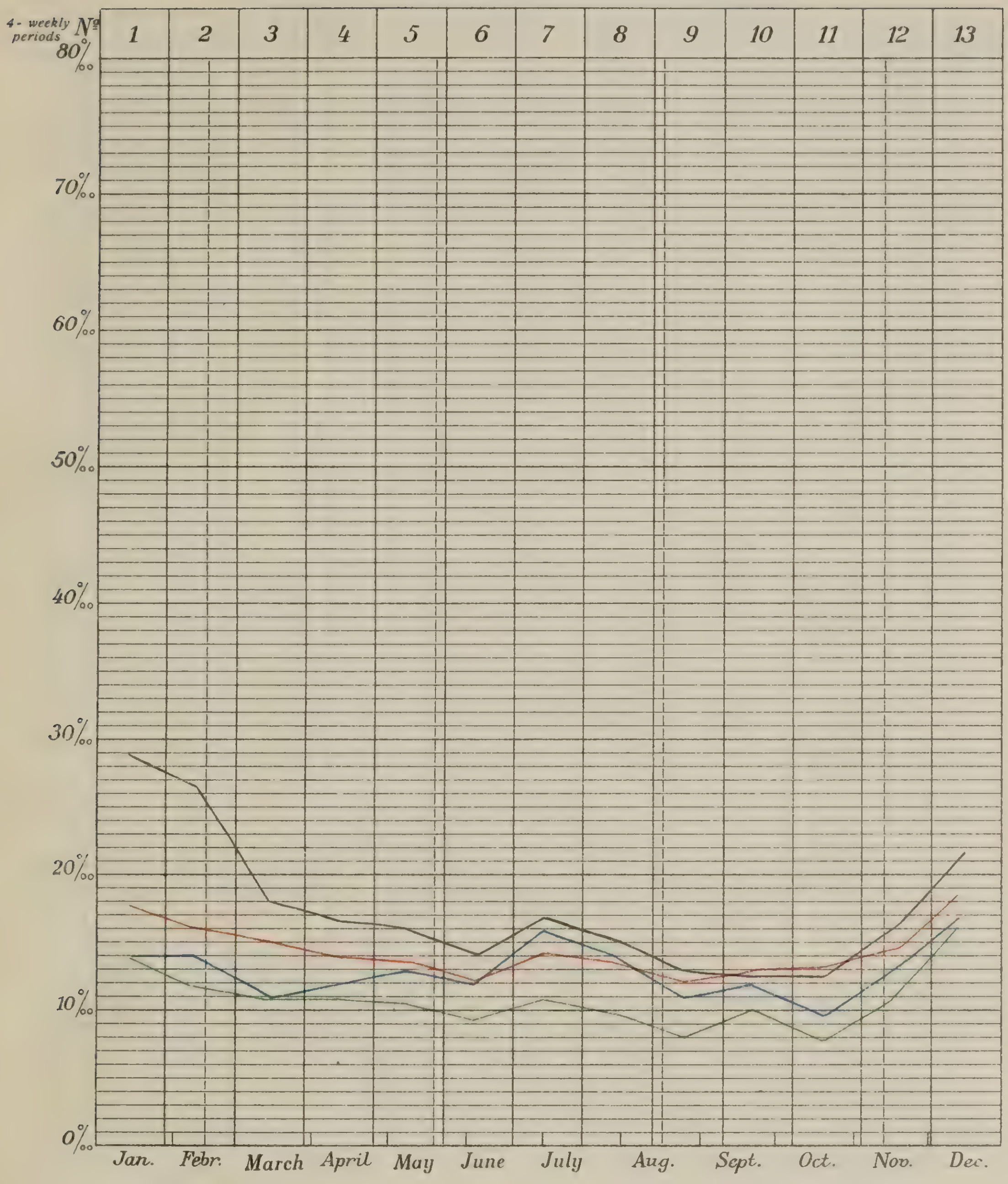
XVIII.

RESIDENCY: BESOEKI.



DIVISIONS:	POPULATION:
Bondowoso	302 632
Panaroekan	192 468
Djember	480 393
Banjoewangi	206 031

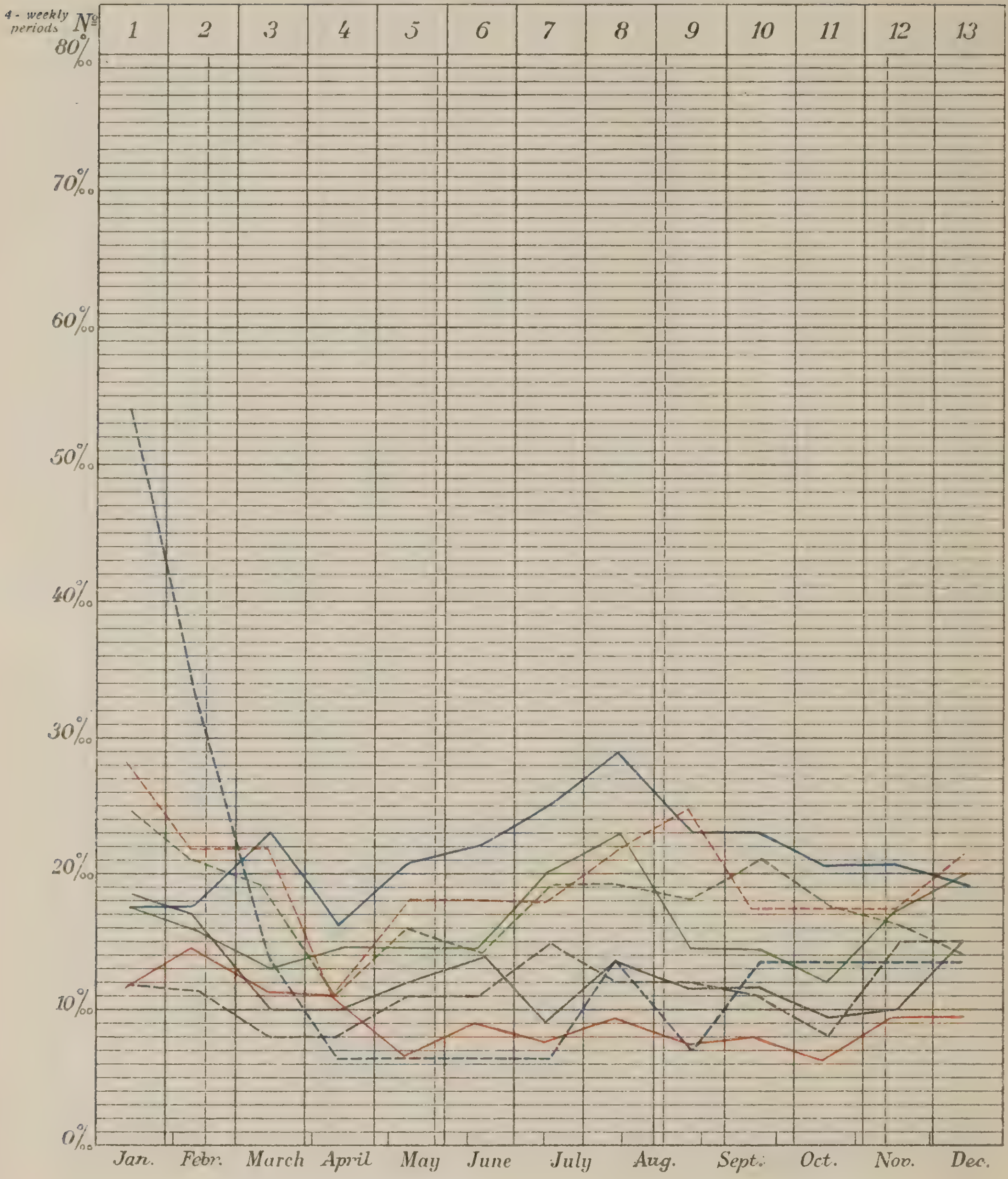
RESIDENCY: MADOERA.



DIVISIONS:		POPULATION:
———	*Bangkalan*	*446 942*
———	*Soemenep*	*613 013*
———	*Sampang*	*380 923*
———	*Pamekasan*	*303 504*

XX.

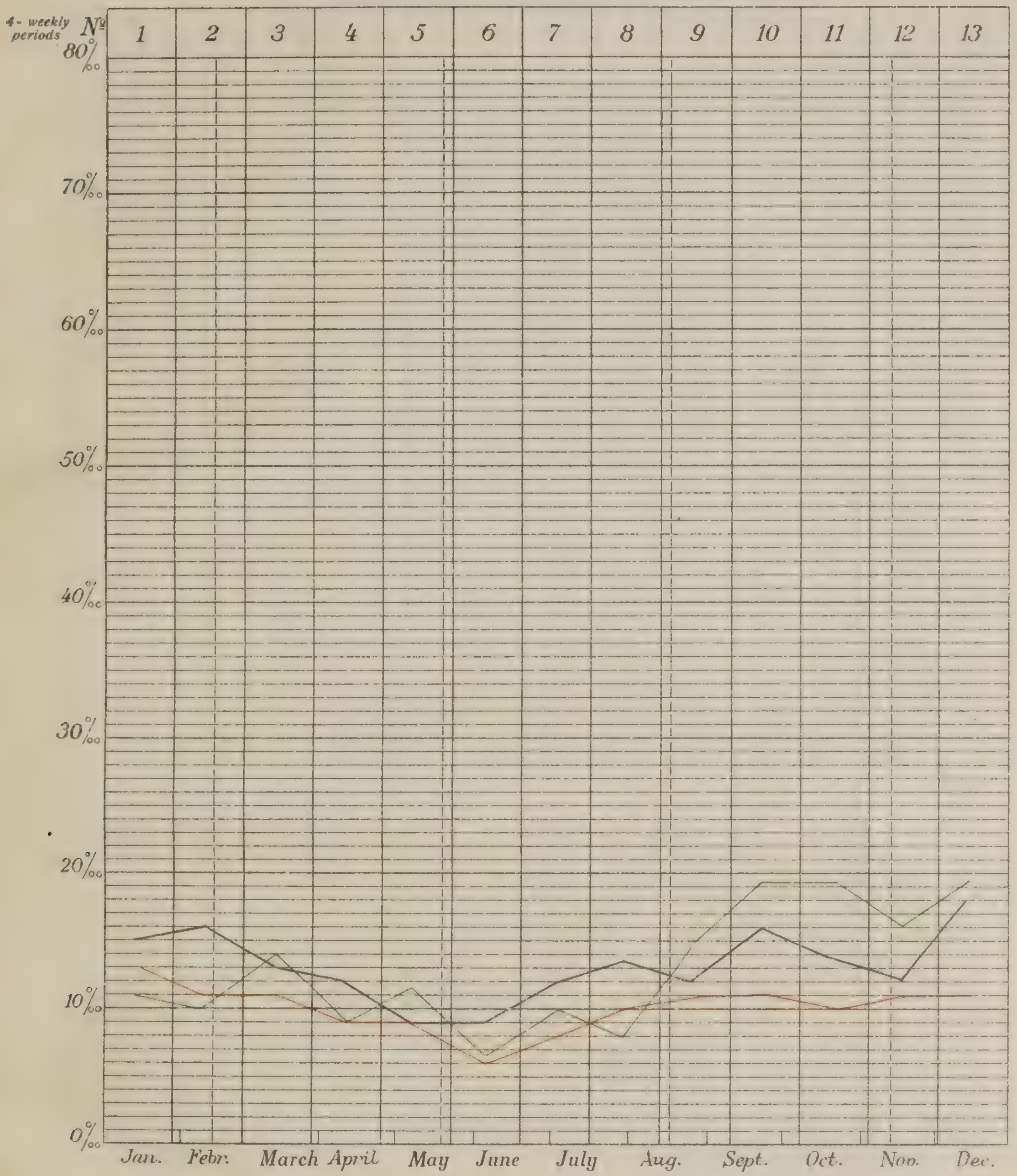
RESIDENCY: BALI EN LOMBOK (BALI.)



BALI

DIVISIONS:	POPULATION:
Boeleleng	*128 403*
Karangasem	*136 920*
Tabanan	*135 766*
Badoeng	*146 598*
Bangli	*57 788*
Kloenkoeng	*61 200*
Gianjar	*122 835*
Djembrana	*29 420*

RESIDENCY: BALI EN LOMBOK (LOMBOK.)

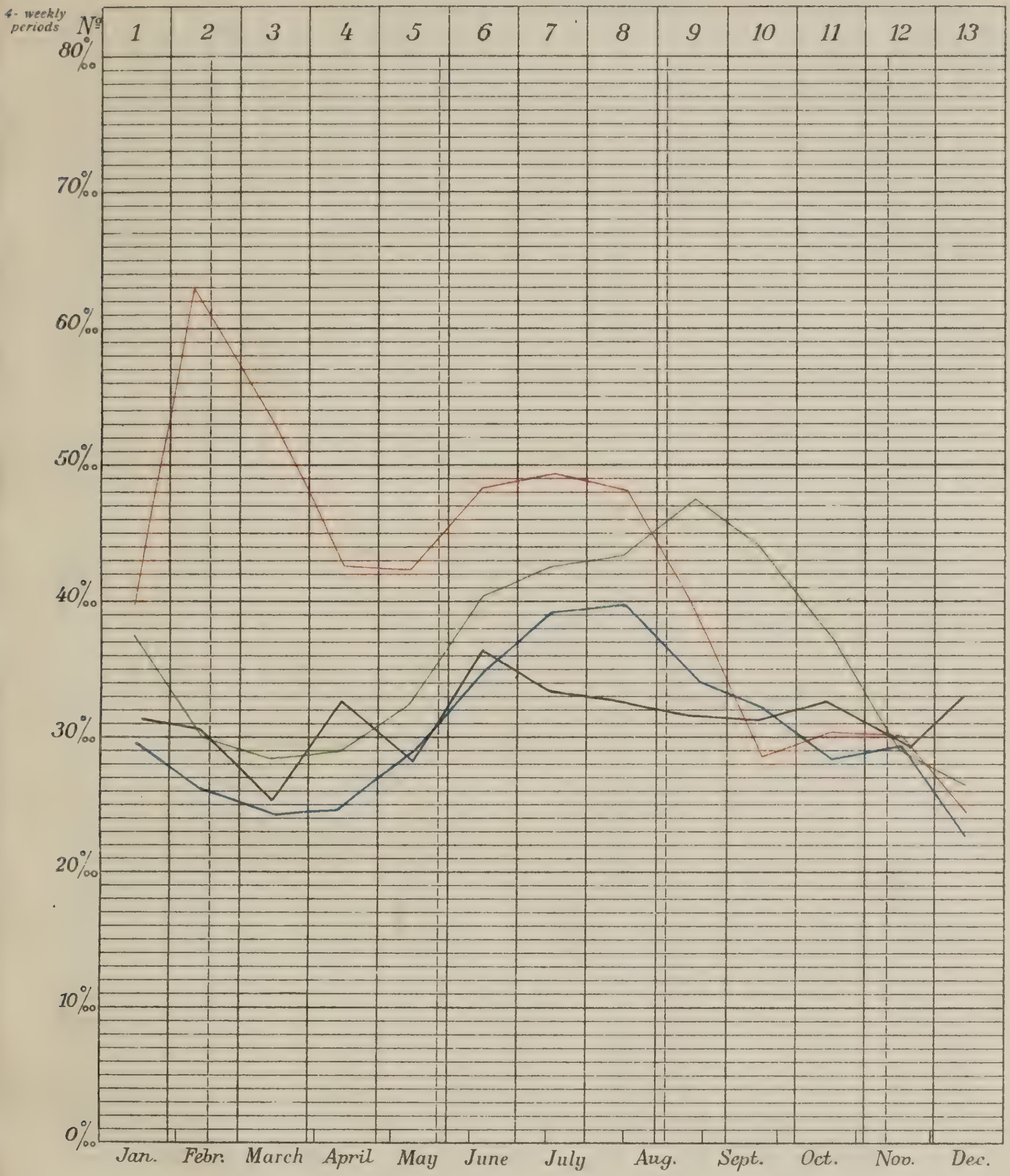


LOMBOK DIVISIONS:		POPULATION:
——— (solid line)	*West-Lombok*	*157 826*
– – – (red dashed line)	*Midden-Lombok*	*124 427*
– – – (dashed line)	*Oost-Lombok*	*173 505*

RESIDENCY: LAMPONGSCHE DISTRICTEN.

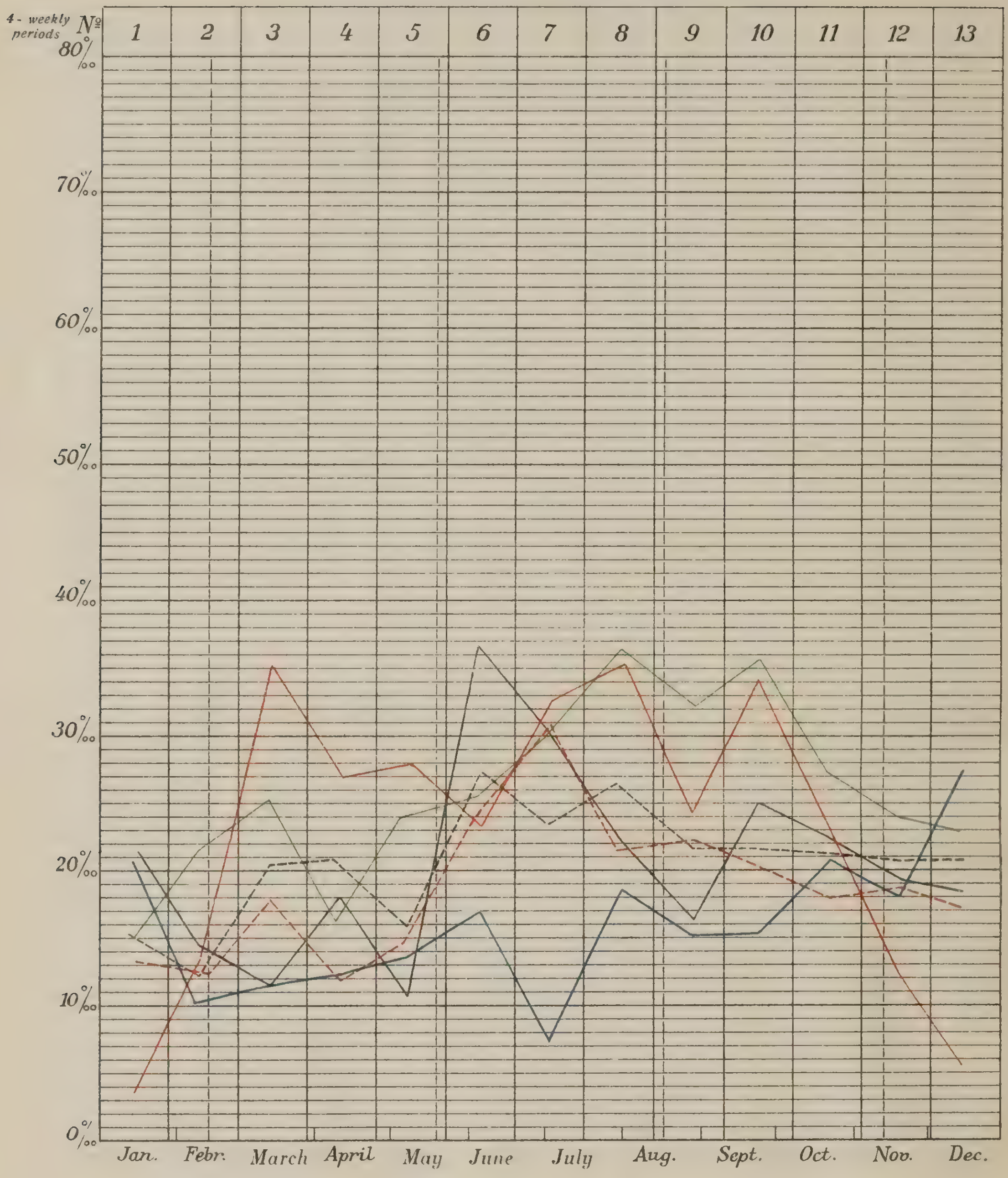
DIVISIONS:	POPULATION:
——— *Telokbetong*	*86 743*
——— *Toelang Bawang*	*102 011*

RESIDENCY: PALEMBANG:



DIVISIONS:		POPULATION:
——— (black)	Palembang	53 779
——— (red)	Palembangsche Benedenlanden	173 188
——— (green)	„ Bovenlanden	193 514
——— (blue)	Ogan en Komering Oeloe	261 529

RESIDENCY: BENKOELEN.



DIVISIONS:	POPULATION:
Benkoelen	20 197
Seloema	27 276
Manna	35 458
Kauer	18 045
Kroë	31 066
Lebong	49 784

Percentage of the causes of death of the Europeans deceased 1920.

	Batavia	Semarang	Sourabaya	Other places
Typhoid fever	5.5	4.9	4.2	4.6
Malaria	3.9	14.3	5.7	4.5
Smallpox	0.5	0.5	—	0.4
Asiatic cholera	—	—	—	—
Influenza	5.8	3.9	5.8	3.7
Dysentery	2.3	2.—	3.—	2.1
Purulent infection and septicemia	2.1	2.—	2.1	1.6
Tuberculosis	7.8	3.5	12.4	9.5
Syphilis	1.—	—	—	1.—
Cancer and other malignant tumors	7.8	3.5	4.3	3.4
Diabetes	1.8	2.5	—	1.7
Diseases of the nervous system	6 8	6.9	4.8	9.4
„ „ „ circulatory „	6.—	6.5	3.6	6.3
„ „ „ respiratory „	7.3	8.4	8.7	10.4
„ „ „ digestive „	5.8	6.9	10.5	8.9
„ „ „ genito-urinary „	6.—	5.9	4.2	3.9
Pregnancy and puerperal state	1.—	2.—	0.7	1.6
Early infancy	1.6	3.9	6.9	4.7
Old age	4.5	5.5	3.3	5.4
Suicide	0.8	0.6	0.6	1.2
Other external causes	2.3	3.9	3.9	2.1
Other diseases	14 9	5.5	7.5	8.—
Not specified or ill defined	4.5	7.9	7.8	4 5
	100.—	100.—	100.—	100.—

Sick-leaves to Europe.

In 1920, 172 sick leaves to Europe were granted, 24 of which to lady-officials. The greater part of those leaves were granted for one year, a few only for two years.

The leaves are divided over the different departments and services as follows:		The leaves were granted in the months:	
Central Chancellery	2 (a.w. 1 lady)	January	8
General Chamber of Accounts	2	February	10
Justice	15	March	22
Civil Service	18	April	10
Police	5	May	18
Education and public Worship	56 (a.w. 18 ladies)	June	38
Civil Medical Service	3 (a.w. 1 lady)	July	6
Agriculture, Commerce and Industries	8	August	14
Public Works	12	September	13
Government Trades and Monopolies	4	October	14
Post-, Telegraph- and Telephone Service	25 (a.w. 3 ladies)	November	12
Government Railways	9	December	7
Finance	2		
Service of Import- and Export- Duties and Excises	2		
Opium-monopoly Service	1		
Pawnhouse Service	2 (a.w. 1 lady)		
Service of navigation	2		
Marine (civil officials)	4		
	172 (a.w. 24 ladies)		

Diseases, on account of which the leaves were granted.[1])

Malaria	3
Dysentery	13
Tuberculosis	4
Syphilis	2
Psychoses and psycho-neuroses	111
Other diseases of the nervous system	10
Diseases of the circulatory system	7
„ „ „ respiratory „	4
„ „ „ digestive „	11
„ „ „ genito-urinary „	9
Other diseases	15
	189 1)

1) The total of these figures is greater than 172, because in some cases more than one disease was reported.

Short leaves on account of illness.

In total 6801 short sick leaves (resp. extensions of leave) were granted to civil government-officials, either in permanent or in temporary service. These leaves covered a total amount of 234.146 days (± 650 years), which gives an average of ± 34 days per single leave.

The leaves are distributed over the different Departments and Services as follows.

	Total number of leaves	%	Europeans		Natives		Number of months				Total
							Europeans		Natives		
			♂	♀	♂	♀	♂	♀	♂	♀	
Central Chancellery	28	0,4	24	3	1	—	30	5	1	—	36
General Chamber of Accounts	33	0,5	27	3	3	—	29	3	5	—	37
Justice	226	3,3	156	9	61	—	180¼	8½	70¾	—	259½
Civil Service	1087	16,—	300	27	760	—	343	28¾	851¼	—	1223
Police	411	6,—	154	4	253	—	167	4	244¾	—	415¾
Education and public Worship	925	13,6	232	306	381	6	276	329¾	437¾	5¾	1049¼
Civil medical Service	92	1,4	39	14	38	1	47¼	19½	42¾	3	112½
Agriculture, Commerce and Industries	242	3,5	112	5	125	—	120½	5	142½	—	268
Public Works	247	—'2	131	5	111	—	151¾	6	146¼	—	304
Government Trades and Monopolies	139	9,3	92	10	37	—	102¼	11	45	—	158¼
Post- Telegraph- and Telephone Service	926	13,6	374	177	369	6	423¼	191½	398	5½	1018¼
Government Railways	1410	20,7	588	94	728	—	686½	107	878¼	—	1671¾
Finance	119	1,8	82	9	28	—	107¼	8¾	33½	—	149½
Opium-monopoly Service	136	2,1	17	3	116	—	23	1½	138¾	—	163¼
Pawnhouse Service	583	8,6	86	4	490	3	106½	6	591¼	4	707¾
Service of Import- and Export- Duties and Excises	109	1,6	92	—	17	—	111¾	—	19¾	—	131½
Marine (civil officials)	27	0,4	26	1	—	—	31	1	—	—	32
Service of Navigation	61	0,9	47	2	12	—	50	4½	16	—	67½
	6801	100	2579	676	3530	16	2986¼	737¾	4062½	18¼	7804¾
			3255		3546		3724		4080¾		
			6801				7804¾				

(1) The unofficial grants are not included in these records, neither those allowed to the civil officials of the War Department.

Survey of the diseases the leaves were granted for:

	European officials.				Native officials.				Total	%
	Total	%	♂	♀	Total	%	♂	♀		
Malaria	601	18,5	471	130	734	20,7	733	1	1385	19,6
Venereal diseases a. w.	216	6,7	215	1	387	10,9	386	1	603	8,9
Syphilis	147		146	1	200		199	1	347	
Tuberculosis	146	4,6	119	27	407	11,5	405	2	553	8,1
Diseases of the nervous system and of the organs of special sense a. w.	131	4,—	118	13	531	15,—	529	2	662	9,7
Trachoma	16		15	1	196		195	1	212	
Other eye-diseases	40		36	4	256		256	—	296	
Nose	6		5	1	—		—	—	6	
Ear	11		8	3	9		8	1	20	
Diseases of the respiratory system	138	4,2	113	25	271	7,6	270	1	409	6,—
Influenza	167	5,1	128	39	137	3,9	136	1	304	4,5
Beri-beri	9	0,3	9	—	66	1,9	66	—	75	1,1
Psychoses and psycho-neuroses	745	23,—	603	142	83	2,3	83	—	828	12,3
Typhoid fever	133	4,—	108	25	102	2,9	100	2	235	3,5
Diseases of the circulatory system	199	6,1	141	58	77	2,2	75	2	276	4,—
Dysentery	135	4,1	105	30	70	2,	69	1	205	3,—
Diseases of the circulatory system	75	2,3	74	1	44	1,2	44	—	119	1,7
Diseases of the genito-urinary system	135	4,1	93	42	83	2,3	81	2	218	3,2
Framboesia	1	—	—	1	4	0,1	4	—	5	0,1
Other diseases a. w.	424	13,—	282	142	550	15,5	549	1	974	14,3
Skin diseases	37		30	7	164		164	—	201	
Diseases of the bones and the joints	64		54	10	123		123	—	187	
Injuries	10		10	—	45		45	—	55	
	3255	100	2579	676	3546	100	3530	16	6801	100

Record of admissions and deaths during 1920 in:

I. Central Civil Hospital at Weltevreden and Auxiliary Hospital at Batavia (1).

II. Central Civil Hospital at Sourabaya.

III. Hospital of the Police Corps at Soekaboemi.

IV. Children's and Women's Hospital Boedi Kemoeliaän at Weltevreden.

	DISEASES	I.		II.		III.		IV.	
		Admissions	Deaths	Admissions	Deaths	Admissions	Deaths	Admissions	Deaths
	I. General diseases.								
1	Typhoid fever (typhus abdominalis; ileotyphus) also paratyphus	133	41	40	10	12	5	1	—
3	Febris recurrens	1	—	—	—	—	—	—	—
4a	Malaria	1152	103	589	34	111	3	16	2
4b	Malarial-cachexia	68	12	7	3	6	2	6	1
5	Smallpox (variola, variolois)	38	12	—	—	—	—	—	—
6	Measles	7	—	37	—	5	—	—	—
8	Whooping cough	3	1	3	—	—	—	—	—
10a	Influenza	239	6	30	4	254	38	—	—
10b	Febris van der Scheer	22	—	26	—	—	—	1	—
14	Dysentery	6	2	—	—	1	1	—	—
	a. Amebic dysentery	286	78	376	107	—	—	6	1
	b. Bacillary dysentery	9	2	12	7	1	1	—	—
15	Plague	2	2	13	12	—	—	—	—
17	Leprosy (elephantiasis Graecorum)	8	—	6	—	—	—	—	—
18	Erysipelas	13	5	10	—	—	—	—	—
19a	Dengue	2	—	33	—	—	—	—	—
19b	Other epidemic diseases	37	—	13	—	127*	2	—	—
20	Purulent infection and septicemia	2	1	8	4	—	—	2	1
23	Lyssa and observation therefor	336	7	—	—	—	—	—	—
24	Tetanus	6	4	51	3	—	—	1	1
27	Beri-beri	47	6	43	4	3	—	5	2
28	Tuberculosis of the lungs, the pleura, the larynx	289	85	391	142	5	—	1	—
30	Tuberculous meningitis	3	—	5	—	—	—	1	1
31	Abdominal tuberculosis	5	2	5	—	—	—	—	—
32	Pott's disease	1	—	2	—	—	—	2	—
33	White swellings	11	—	22	—	—	—	—	—

1) Since the reports of the C. C. H. at Semarang are formulated otherwise, they have been recorded separately.

	DISEASES	I. Admissions	I. Deaths	II. Admissions	II. Deaths	III. Admissions	III. Deaths	IV. Admissions	IV. Deaths
34	Tuberculosis of other organs	8	—	19	2	—	—	2	—
35	Tuberculosis of two or more organs	—	—	2	—	—	—	—	—
36	Rachitis	5	—	—	—	—	—	—	—
37	Syphilis	435	12	468	11	4	—	2	1
38	Gonococcous infection	408	1	278	—	366	—	4	—
39	Cancer and other malignant tumors of the buccal cavity	5	—	7	—	—	—	—	—
40	Cancer and other malignant tumors of the stomach, liver	3	2	9	1	—	—	—	—
41	Cancer and other malignant tumors of peritoneum, intestine, rectum	2	2	18	3	—	—	—	—
42	Cancer and other malignant tumors of the female genital organs	5	3	5	—	—	—	—	—
43	Cancer and other malignant tumors of the breast	1	1	4	—	—	—	—	—
44	Cancer and other malignant tumors of the skin	5	—	8	—	—	—	—	—
45	Cancer and other malignant tumors of other organs or of organs not specified.	6	—	14	4	—	—	—	—
46	Other tumors (tumors of the female organs excepted)	17	1	27	—	—	—	—	—
47	Acute articular rheumatism	22	1	73	2	10	—	—	—
48	Chronic rheumatism and gout	3	—	17	—	—	—	—	—
49	Scurvy	1	—	2	—	—	—	1	—
50	Diabetes	2	1	5	—	—	—	—	—
51	Exophthalmic goitre	2	—	—	—	—	—	—	—
53	Leukaemia	7	—	—	—	—	—	—	—
54	Anaemia, chlorosis	3	—	38	—	1	—	—	—
55b.	Filariasis	3	—	—	—	—	—	—	—
55d.	Blackwaterfever	1	1	1	—	—	—	—	—
55e.	Other general diseases	3	—	17	—	—	—	—	—
56	Alcoholism (acute or chronic)	—	—	3	—	—	—	—	—
59	Other chronic poisonings	17	8	4	—	1	—	—	—

	DISEASES	I. Admissions	I. Deaths	II. Admissions	II. Deaths	III. Admissions	III. Deaths	IV. Admissions	IV. Deaths
	II. Diseases of the Nervous System and of the Organs of Special Sense.								
60	Encephalitis	4	3	14	—	—	—	—	—
61a	Simple meningitis	14	11	12	9	1	1	—	—
61b	Meningitis cerebrospinalis epidemica	90	63	2	2	1	1	—	—
62	Locomotor ataxia	7	—	5	—	—	—	—	—
63	Other diseases of the spinal cord	5	—	1	—	—	—	1	—
64	Cerebral hemorrhage, apoplexy	11	4	6	2	—	—	—	—
65	Softening of the brain	2	—	1	1	—	—	—	—
66	Paralysis without specified cause	5	—	23	—	1	1	—	—
67	General paralysis of the insane	8	—	14	2	—	—	—	—
68	Other forms of mental alienation	1	—	343	3	—	—	—	—
69	Epilepsy	8	—	3	—	—	—	—	—
71	Convulsions of infants	1	—	—	—	—	—	1	1
73	Neuralgia and neuritis	5	—	66	—	—	—	—	—
74a	Hystery	4	—	8	—	—	—	—	—
74b	Neurasthenia	2	—	36	—	—	—	—	—
74c	Other diseases of the nervous system	10	1	52	—	3	—	3	1
75a	Trachoma	83	—	39	—	—	—	—	—
75b	Other diseases of the eyes and their annexa	131	—	109	—	21	—	—	—
76	Diseases of the ears	11	—	11	—	—	—	—	—
	III. Diseases of the Circulatory System.								
77	Pericarditis	—	—	5	—	—	—	1	1
78	Acute endocarditis	4	—	4	1	—	—	1	—
79	Organic diseases of the heart	16	7	62	1	—	—	—	—
80	Angina pectoris	—	—	2	—	—	—	—	—
81	Diseases of the arteries, atheroma, aneurism, etc.	6	2	16	—	—	—	—	—
82	Embolism and thrombosis	1	—	—	—	—	—	—	—
83	Diseases of the veins (varices, hemorrhoids, phlebitis, etc.)	5	—	23	—	—	—	—	—
84	Diseases of the lymphatic system (lymphangitis, etc.)	4	—	12	—	34	—	—	—
85	Hemorrhage; other diseases of the circulatory system	2	1	27	—	—	—	—	—

	DISEASES	I.		II.		III.		IV.	
		Admissions	Deaths	Admissions	Deaths	Admissions	Deaths	Admissions	Deaths
	IV. Diseases of the Respiratory System.								
86	Diseases of the nasal fossae	7	—	27	—	—	—	—	—
87	Diseases of the larynx	4	—	8	—	2	—	1	1
88	Diseases of the thyroid body	4	1	11	2	—	—	—	—
89	Acute bronchitis	203	2	102	—	220	14	—	—
90	Chronic bronchitis	25	1	42	4	8	—	3	—
91	Bronchopneumonia	63	26	148	38	—	—	24	3
92	Pneumonia	423	201	325	196	1	1	7	2
93	Pleurisy	41	8	33	5	—	—	—	—
94	Pulmonary congestions, pulmonary apoplexy	2	2	—	—	—	—	—	—
95	Gangrene of the lungs	1	—	—	—	—	—	—	—
96	Asthma	12	—	26	1	2	—	—	—
97	Pulmonary emphysema	17	6	19	—	—	—	—	—
98	Other diseases of the respiratory system (tuberculosis excepted)	6	2	39	—	—	—	—	—
	V. Diseases of the Digestive System.								
99	Diseases of the mouth and annexa	10	—	96	—	—	—	1	1
100	Diseases of the pharynx	10	—	6	—	—	—	—	—
101	Diseases of the esophagus	2	—	12	—	—	—	—	—
102	Ulcer of the stomach	4	—	3	—	—	—	1	—
103	Other diseases of the stomach (cancer excepted)	10	—	117	—	—	—	—	—
104	Diarrhea and enteritis (under 2 years)	4	1	—	—	—	—	33	5
105a	Diarrhea and enteritis (2 years and older)	110	13	345	25	18	—	1	—
105b	Aphthae tropicae	9	—	1	—	—	—	—	—
106	Anchylostomiasis	42	2	138	39	—	—	2	—
107	Intestinal parasites	1	—	21	3	—	—	8	—
108	Appendicitis and typhlitis	10	1	9	—	—	—	—	—
109	Hernia, intestinal obstruction	29	4	39	—	—	—	—	—
110	Other diseases of the intestines	20	2	125	52	—	—	—	—
111	Acute yellow atrophy of the liver	3	—	—	—	—	—	—	—

	DISEASES	I.		II.		III.		IV.	
		Admissions	Deaths	Admissions	Deaths	Admissions	Deaths	Admissions	Deaths
112	Hydatides of the liver	2	—	—	—	—	—	—	—
113	Cirrhosis of the liver	15	5	32	9	—	—	—	—
114	Biliary calculi	5	—	1	—	—	—	—	—
115a	Abscessus hepatis	10	7	6	5	1	—	—	—
115b	Other diseases of the liver	9	2	29	—	—	—	—	—
116	Diseases of the spleen	6	3	5	—	—	—	—	—
117	Simple peritonitis (nonpuerperal)	14	10	9	5	—	—	2	2
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	4	—	98	1	—	—	—	—
	VI. Nonvenereal Diseases of the Genitourinary System and Annexa								
119	Acute nephritis	26	5	50	14	2	—	3	—
120a	Bright's disease	11	3	24	1	—	—	—	—
120b	Albuminuria	1	—	18	—	—	—	—	—
122	Other diseases of the kidneys and annexa	5	1	20	—	—	—	—	—
123	Calculi of the urinary passages	24	7	21	—	—	—	—	—
124	Diseases of the bladder	16	3	5	—	—	—	—	—
125	Diseases of the urethra, urinary abscess, etc.	17	2	21	—	—	—	1	—
126	Diseases of the prostate	4	—	7	1	—	—	—	—
127	Nonvenereal diseases of the male genital organs	10	—	6	—	—	—	—	—
129	Uterine tumor (noncancerous)	3	—	—	—	—	—	—	—
130	Other diseases of the uterus	8	1	12	—	—	—	2	—
131	Cysts and other tumors of the ovary	10	2	8	1	—	—	—	—
132	Salpingitis and other diseases of the female genital organs	13	—	3	—	—	—	—	—
133	Nonpuerperal diseases of the breast (cancer excepted)	1	1	—	—	—	—	—	—

	DISEASES	I. Admissions	I. Deaths	II. Admissions	II. Deaths	III. Admissions	III. Deaths	IV. Admissions	IV. Deaths
	VII. The Puerperal State.								
134	Accidents of pregnancy	19	2	17	—	7	—	27	—
135	Puerperal hemorrhage	—	—	2	—	—	—	—	—
136	Other accidents of labor	6	3	4	—	—	—	1	—
137	Puerperal septicemia	3	—	—	—	—	—	1	1
138	Puerperal albuminuria and convuisions	—	—	1	—	—	—	—	—
140	Following childbirth (not otherwise defined).	1	—	6	—	—	—	1	—
141	Puerperal diseases of the breast	2	—	—	—	—	—	4	—
	VIII. Diseases of the Skin and of the Cellular Tissue.								
142	Gangrene	1	—	11	—	—	—	—	—
143	Furuncle	12	—	13	—	3	—	6	—
144	Acute abscess	88	4	76	5	7	—	3	—
145a	Herpes tonsurans	1	—	—	—	—	—	—	—
145b	Scabies	191	4	185	2	81	—	1	—
145c	Framboesia	75	—	63	1	9	—	2	—
145d	Elephantiasis	7	—	5	—	—	—	—	—
145e	Ulcera	342	3	673	59	—	—	1	—
145f	Other diseases of the skin and annexa	167	2	246	—	41	—	8	—
	XI. Diseases of the Bones and of the Organs of locomotion.								
146	Diseases of the bones (tuberculosis excepted)	12	2	22	—	—	—	—	—
147	Diseases of the joints (tuberculosis and rheumatism excepted)	31	—	93	—	—	—	—	—
149	Other diseases of the organs of locomotion	17	1	26	—	11	—	1	—
	X. Malformations.								
150	Congenital malformations (stillbirths not included)	2	—	5	—	—	—	1	—

	DISEASES	I. Admissions	I. Deaths	II. Admissions	II. Deaths	III. Admissions	III. Death	IV. Admissions	IV. Deaths
	XI. Early Infancy.								
151	Congenital debility, icterus, and sclerema	4	4	—	—	10	6	14	8
152	Other causes peculiar to early infancy	2	1	—	—	—	—	—	—
	XII. Old Age.								
154	Senility	8	6	35	5	—	—	—	—
	XIII. External Causes.								
155	Suicide by poison	3	1	—	—	—	—	—	—
157	" " asphyxia	—	—	1	—	—	—	—	—
158	" " drowning	—	—	2	—	—	—	—	—
160	" " cutting or piercing instruments	1	1	1	—	—	—	—	—
164	Poisoning by food	1	—	8	—	—	—	—	—
165	Other acute poisonings	9	—	1	—	—	—	—	—
165bis	Snake bite	2	—	5	—	—	—	—	—
166	Conflagration	24	2	12	7	—	—	—	—
167	Burns (conflagration excepted)	9	2	8	—	2	1	—	—
168	Absorption of deleterious gases (conflagration excepted)	3	—	—	—	—	—	—	—
170	Traumatism by firearms	17	1	5	1	—	—	—	—
171	Traumatism by cutting or piercing instruments	200	15	551	5	—	—	—	—
172	Traumatism by fall	32	2	81	9	—	—	—	—
173	Traumatism in mines en quarries	1	1	—	—		—	—	—
174	Traumatism by machines	7	—	29	—	—	—	—	—
175	Traumatism by other crushing (vehicles, railways, landslides, etc).	119	20	358	4	—	—	—	—
176	Injuries by animals	9	1	6	—	—	—	—	—
177	Starvation	11	8	142	112	—	—	—	—

	DISEAES	I.		II.		III.		IV.	
		Admissions	Deaths	Admissions	Deaths	Admissions	Deaths	Admissions	Deaths
179	Sunstroke	4	—	—	—	—	—	—	—
181	Electricity (lightning excepted)	5	2	—	—	—	—	—	—
183	Homicide by cutting or piercing instruments	2	2	—	—	—	—	—	—
184	Homicide by other means	1	1	—	—	—	—	—	—
185	Fractures (cause not specified)	149	13	172	8	2	—	—	—
186	Other external violence	104	1	12	—	12	—	—	—
	XIV. Ill=Defined Diseases.								
187	Ill-defined organic diseases	2	—	22	—	—	—	—	—
189a	Cause of death not specified or ill-defined	60	16	12	2	12	12	—	—
189b	Paedatrophia with children more than 3 months old	2	2	1	1	—	—	—	—
	Nihil	96	—	18	—	—	—	22	—
	Normal partus	—	—	—	—	37	—	41	—
	Harelip	—	—	—	—	—	—	1	—
	Observation	—	—	—	—	24	1	—	—

Among the „admissions" in the foregoing table is included the remnant of the previous year.

Among the 7281 admissions in the Central Civil Hospital at Weltevreden are 257 Europeans with 23 deaths. The others are Natives, Chinese and other Asiatics.

3132 prisoners were admitted into the Hospital „Glodok". with 245 deaths.

Among the 8640 admissions in the Central Civil Hospital at Sourabaya are 304 Europeans with 19 deaths.

The admissions at Soekaboemi are all Natives.

Of the 7281 admissions in the Central Çivil Hospital at Weltevreden 5817 are men (79,9 %) and 1464 women (20,1 %).

Of the 8640 admissions in the Central Civil Hospital at Sourabaya 7038 are men (81,4 %) and 1602 women (18,6 %).

Of the 283 admissions in Budi Kemuliaän 87 are boys (30,7 %) and 196 women and girls (69,3 %)

With regard to the race, there were among.

14	admissions in the two C.C.H.S. with	leprosy	no	Europeans
90	idem	beri-beri	2	„
763	idem	tuberculosis	50	„
903	idem	syphilis	76	„
686	idem	other venereal diseases	66	„
92	idem	cancer	7	„
7	idem	diabetes	no	„
3	idem	filariasis	„	„
3	idem	alcoholism	1	„
12	idem	tabes dorsalis	3	„
22	idem	general paralysis of the insane	6	„
11	idem	epilepsia	no	„
180	idem	ankylostomiasis	„	„
19	idem	appendicitis	2	„
47	idem	cirrhosis of the liver	1	„
6	idem	biliary calculi	2	„
16	idem	abscess of the liver	no	„
45	idem	calculi of the urinary passages	„	„

Comparative survey of *a.* the diseases, *b.* the causes of death, of the patients in the Central Civil Hospitals at Batavia and at Sourabaya, thus of 15921, resp. 1941 individuals. The proportion of the number of deaths to the number of treated is 12,2‰.

No.	Series No. of *b*	*a.* DISEASES	%
1	8	External causes	12,3
2	5	Malaria	11,6
3	1	Diseases of the respiratory system	10,—
4	12	Venereal diseases	10,—
5	4	Diseases of the digestive system	7,7
6	7	„ of the nervous system and of the organs of special sense	7,2
7	2	Tuberculosis	4,7
8	3	Dysentery	4,3
9	10	Diseases of the genito- urinary system	2,2
10	17	Influenza	1,6
11	14	Diseases of the circulatory system	1,3
12	11	Anchylostomiasis	1,2
13	9	Typhoid fever	1,—
14	6	Starvation	1,--
15	18	Beri-beri	0,6
16	13	Cancer	0,6
17	16	Senility	0,3
18	15	Smallpox	0,2
19		Other diseases	21,8
20		Ill-defined	0,4

No.	Series No. of *a*.	*b*. CAUSES OF DEATH.	%
1	3	Diseases of the respiratory system	25,5
2	7	Tuberculosis	11,9
3	8	Dysentery	10,1
4	5	Diseases of the digestive system	9,7
5	2	Malaria	7,8
6	14	Starvation	6,1
7	6	Diseases of the nervous system and of the organs of special sense	5,2
8	1	External causes	5,1
9	13	Typhoid fever	2,6
10	9	Diseases of the genito-urinary system	2,3
11	12	Anchylostomiasis	2,2
12	4	Venereal diseases	1,2
13	16	Cancer	0,8
14	11	Diseases of the circulatory system	0,7
15	18	Smallpox	0,7
16	17	Senility	0,6
17	10	Influenza	0,6
18	15	Beri-beri	0,5
19		Other diseases	5,5
20		Ill-defined	0,9

Survey of the most important cases of death in the Central Civil Hospital at Semarang in 1920.

a. Auxiliary hospital
b. Hospital Tawang

	a.	*b*
Typhoid fever	110	15
Subtertian malaria	525	159
Benign tertian malaria	215	153
Quartan malaria	16	6
Malaria (probable)	30	74
Blackwater fever	—	2
Chronical malaria	63	176
Amebic dysentery	515	361
Bacillary dysentery	124	42
Dysentery (cause unknown)	21	—
Acute gastro enteritis, choleriform	13	5
Leprosy	—	48
Erysipelas	11	24
Beri-beri	107	46
Tuberculosis of the respiratory organs	49	131
Tuberculosis other organs	25	7
Syphilis and yaws	40	439
Meningitis	55	37
of which meningococcic	7	9
Tetanus	10	2
Acute bronchitis, bronchopneumonia	357	379
Influenza	41	47
Pneumonia	294	198
Chronic bronchitis	31	28
Peritonitis	21	7
Diseases of the kidneys	173	154
Psychosis	64	9
Diabetes	2	1
Cirrhosis of the liver	22	—
Gallstone	6	—
Abscess of the liver	7	—
Noma	5	—
Tumors	12	—

Admissions and deaths in the Central Civil Hospitals in the three chief towns of Java in the year 1920.

Name of the towns	Number of Patients							Proportion (in %) to the number of treated of the		
	Present on January 1st 1920	Admitted during the year 1921	Deceased	Recovered	Written off on account of other reasons	Present on January 1st 1921	Average daily number	Deseased	Recovered	Written off on account of other reasons
Batavia (*)	328	6953	942	3659	2279	401	341	12,9	50,2	31,6
Sourabaya	350	8290	999	6360	831	450	379	11,5	73,6	9,7
Semarang	357	6004	1657	4245	67	392	411	23,5	66,7	1,5

(*) The remnant is not in accordance with appendix 7 of the report of 1919, because the auxiliary hospital has been taken in use since as an emergency asylum for lunatics, and so the patients do not belong any more to the C. C. H., while the patients admitted in the hospital Glodok still are counted as belonging to the C. C. H.
In the C. C. H. 10 prisoners remained for treatment of whom 2 died.

Admissions and deaths in Civil Hospitals in 1920.

PLACE	Residency	Admitted	Deceased	% deceased
Pandeglang	Bantam	4603	21	0,5
Rangkasbitoeng	"	41	4	10,—
Serang	"	846	36	4,2
Mr. Cornelis p.	Batavia	924	11	1,2
Buitenzorg p.	"	291	19	6,5
Buitenzorg	"	400	22	5,5
Poerwakarta	"	555	46	8,3
Tangerang	"	197	26	13,2
Bandoeng	Preanger	968	107	11,—
Soekaboemi	"	276	7	2,5
Soemedang	"	252	11	4,3
Tjiandjoer	"	383	23	6,—
Tjiamis	"	731	8	1,—
Cheribon	Cheribon	1397	50	3,5
Indramajoe	"	383	8	2,1
Brebes	Pekalongan	457	3	0,7
Pemalang	"	333	20	5,4
Pekalongan	"	1826	133	7,2
Tegal	"	855	91	10,6
Pati	Semarang	448	85	1,9
Salatiga	"	308	66	21,4
Poerwokerto	Banjoemas	466	19	4,—
Gombong	Kedoe	915	51	5,6
Koetoardjo	"	416	30	7,2
Magelang	"	807	98	12,1
Wonosobo	"	600	81	13,5
Djokjakarta	Djokjakarta	1123	80	7,1
Madioen	Madioen	1365	178	13,8
Ngawi	"	2018	82	4,—
Patjitan	"	466	29	6,2
Bodjonegoro	Rembang	674	15	2,2
Toeban	"	432	23	6,2
Djombang	Sourabaya	1185	90	7,6
Sourabaya	"	2976	131	4,4
Grisee	"	81	10	12,3
Modjokerto	"	460	36	8,—
Bangkalan	Madoera	305	15	4,9
Pamekasan	"	291	16	5,5
Sampang	"	391	19	4,8

Place	Residency	Admitted	Deceased	% deceased
Soemenep	Madoera	356	49	13,8
Ardjasa	„	31	5	16,1
Pasoeroean	Pasoeroean	313	31	9,9
Malang	„	1221	153	12,5
Probolinggo	„	374	35	9,3
Kraksaän	„	503	61	12,1
Loemadjang	„	432	45	10,4
Banjumas	Besoeki	497	75	15,—
Besoeki	„	270	12	4,4
Bondowoso	„	407	49	12,—
Djember	„	1402	132	9,4
Kasijan p.	„	7557	154	2,—
Blitar	Kediri	1891	619	32,7
Kediri	„	1414	251	17,—
Ngandjoek	„	476	83	17,4
Paree	„	1064	120	11,2
Toeloengagoeng	„	3021	842	27,8
Trenggalek	„	652	15	2,—
Benkoelen	Benkoelen	1106	61	5,5
Kepahiang	„	365	16	4,4
Soengei Dareh	Sumatra's Westcoast	56	1	3,6
Painan	„ „	112	1	0,9
Sibolga	Tapanoeli	535	32	6,—
Sidikalang	„	229	10	4,3
Koeta Radja	Atjeh	233	25	10,7
Tandjong Pandan	Billiton	404	21	5,2
Bonthain	Celebes	1277	38	2,9
Mea	„	204	5	2,5
Madjene	„	607	25	4,1
Paloppo	„	285	7	2,4
Pampanoea	„	337	9	2,7
Paré Paré	„	200	15	7,5
Gorontalo	Menado	61	6	9,8
Menado	„	606	18	2,9
Paloe	„	280	8	2,9
Posso	„	93	2	2,2
Taroena	„	186	8	4,3
Banda Neira	Amboina	108	4	3,7
Merauke	Nieuw-Guinea	464	23	4,9
Ternate	Ternate	337	7	2,1
Karangasem	Bali and Lombok	196	7	3,5

Place	Residency	Admitted	Deceased	% deceased
Mataram	Bali and Lombok	212	10	4,7
Praja	"	156	5	3,2
Selong	"	119	6	5,—
Singaradja	"	168	15	8,9
Tandjong Balei	Sum. East Coast	1056	146	13,6
Bengkalis	" "	142	7	4,9
Laboean Deli	" "	1410	51	3,6
Medan	" "	1655	203	12,2
Loeboek Pakam	" "	1075	90	8,3
Bagan Si Api-Api	" "	347	16	4,6
Laboean Roekoe	" "	1108	28	2,5
Selat Pandjang	" "	318	31	9,7

Thus of 69 373 persons, admitted in the Civil Hospitals 5488 or 7,9 % died.
p. means only or chiefly prisoners.

Causes of death of Native patients, who died in Civil Hospitals in 1920.

No. of the internatio-nal list	CAUSES OF DEATH	Number of deaths
	I. General Diseases.	
1	Typhoid fever	40
4a	Malaria	358
5	Smallpox	2
6	Measles	3
9b	Croup	1
10a	Influenza	140
12	Asiatic cholera	3
14	Dysentery	71
	a. Amebic dysentery	261
	b. Bacillar dysentery	47
15	Plague	6
17	Leprosy	15
18	Erysipelas	2
20	Purulent infection and septicemia	9
24	Tetanus	7
27	Beri-beri	68
28	Tuberculosis of the lungs	209
31	Abdominal tuberculosis	1
32	Pott's disease	2
34	Tuberculosis of other organs	6
37	Syphilis	128
38	Gonococous infection	12
39	Cancer and other malignant tumors of the buccal cavity	1
40	Cancer and other malignant tumors of the stomach, liver	4
42	Cancer and other malignant tumors of the female genital organs	2
43	Cancer and other malignant tumors of the breast	2
44	Cancer and other malignant tumors of the skin	2
45	Cancer and other malignant tumors of other organs or of organs not specified	3

No. of the international list	CAUSES OF DEATH	Number of deaths
46	Other tumors	4
48	Chronic rheumatism and gout	4
49	Scurvy	1
50	Diabetes	4
51	Morbus Basedowi	13
54	Anaemia, chlorosis	42
55d	Blackwaterfever	1
59	Other chronic poisonings	26
	II Diseases of the Nervous System and the Organs of Special Sense	
61a	Simple Meningitis	18
62	Locomotor ataxia	1
63	Other diseases of the spinal cord	4
64	Cerebral hemorrhage, apoplexy	15
66	Paralysis without specified cause	13
67	General paralysis of the insane	2
68	Other forms of mental alienation	82
69	Epilepsy	7
71	Convulsions of infants	3
72	Chorea	1
74c	Other diseases of the nervous system	2
	III. Diseases of the Circulatoty System.	
77	Pericarditis	3
79	Organic diseases of the heart	40
81	Diseases of the arteries, atheroma, aneurism, etc.	3
84	Diseases of the lymphatic system (lymphangitis, etc.)	3
85	Hemorrhage. Other diseases of the circulatory system	2
	IV. Diseases of the Respiratory System.	
89	Acute bronchitis	6
90	Chronic bronchitis	28
91	Bronchopneumonia	88
92	Pneumonia	457

No. of the internatio-nal list	CAUSES OF DEATH	Number of deaths
93	Pleurisy	24
94	Pulmonary congestion, pulmonary apoplexy	1
95	Gangrene of the lungs	1
96	Asthma	16
97	Pulmonary exphysema	1
98	Other diseases of the respiratory system	6
	V. Diseases of the Digestive System.	
100	Diseases of the pharynx	1
102	Ulcer of the stomach	1
105a	Diarrhea and enteritis 2 years and older	189
106	Anchylostomiasis	219
107	Intestinal parasites	1
109	Hernia, intestinal obstruction	4
110	Other diseases of the intestines	10
111	Acute yellow atrophy of the liver	3
113	Cirrhosis of the liver	64
:15a	Abscessus hepatis	15
115b	Other diseases of the liver	1
117	Simple peritonitis	10
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	2
	VI. Nonvenereal Diseases of the Genito-urinary System and Annexa.	
119	Acute nephritis	100
120a	Bright's disease	40
120b	Albuminuria	1
122	Other diseases of the kidneys and annexa	4
123	Calculi of the urinary passages	2
125	Diseases of the urethra, urinary abscess, etc.	1
131	Cysts and other tumors of the ovary	1
132	Salpingitis and other diseases of the female genital organs	1

No. of the international list	CAUSES OF DEATH	Number of deaths
	VII. The Puerperal State.	
134	Accidents of pregnancy	4
135	Puerperal hemorrhage	1
136	Other accidents of labor	1
137	Puerperal septicemia	6
140	Other diseases following childbed	2
	VIII. Diseases of the Skin and the Cellular Tissue.	
142	Gangrene	10
144	Acute abscess	24
145c	Framboesia	5
145f	Other diseases of the skin and annexa	4
	IX. Diseases of the Bones and the Organs of Locomotion.	
146	Diseases of the bones (tuberculosis excepted)	1
147	Diseases of the joints (tuberculosis and rheumatism excepted)	1
	XI. Early Infancy.	
151	Congenital debility, icterus, and sclerema	5
	XII. Old Age.	
154	Senility	198
	XIII. External Causes.	
155	Suicide by poison	1
156	Suicide by asphyxia	11
158	Suicide by drowning	1
160	Suicide by cutting or piercing instruments	7
163	Other suicides	2

No. of the international list	CAUSES OF DEATH	Number of death
164	Poisoning by food	3
165	Other acute poisonings	1
166	Conflagration	17
167	Burns (conflagration excepted)	3
169	Accidental drowning	7
170	Traumatism by firearms	12
171	„ by cutting or piercing instruments	268
172	„ by fall	28
174	„ by machines	9
175	„ by other crushing (vehicles, railways, landslides etc.)	51
176	Injuries by animals	15
177	Starvation	1359
182	Homicide by firearms	4
183	„ by cutting or piering instruments	10
184	„ by other means	3
185	Fractures	26
186	Other external violence	41
	XIV. Ill Defined Diseases.	
187	Ill defined organic diseases	41
188	Sudden death	1
189a	Cause of death not specified or ill-defined	49
189b	Paedatrophia with children more than 3 months old	4
	Edema disease	230

The causes of the 5488 deaths in the Civil Hospitals previous mentioned, arranged to their frequency, in %.

Starvation	24,8
Diseases of the respiratory system	11,4
External causes	9,5
Dysentery	6,9
Malaria	6,5
Diseases of the digestive system	5,5
Anchylostomiasis	4,—
Tuberculosis	3,9
Senility	3,6
Diseases of the genito-urinary system	2,9
Diseases of the nervous system	2,8
Infuenza	2.5
Syphilis	2,3
Beri-beri	1 2
Diseases of the circulatory system	0,9
Typhoid fever	0,8
Cancer and other malignant tumors	0.3
Other diseases	8,9
Ill-defined	1,3

The deaths in the subsidized hospitals cannot be given in the same way, because partly they have not been reported according to the international list.

Of 565 corpses, admitted into the before mentioned Civil Hospitals in order to be burried, the following causes of death were ascertained:

Malaria	31	Poisoning	8
Cholera	1	Hanging	11
Leprosy	3	Conflagration	1
Beri-beri	4	Drowning	25
Pulmonal tuberculosis	5	Crushing	4
Apoplexy	2	Bleeding	45
Paralysis cordis	2	Traumatism of the brain	44
Myocarditis	2	„ „ „ spinal cord	3
Pneumonia	7	„ „ cutting instruments	40
Diarrhea	3	„ „ vehicles	6
Anchylostomiasis	3	„ „ falling	2
Cirrhosis hepatis	1	„ only	10
Icterus gravis	1	Starvation	75
Rupture of the spleen	2	Electricity	1
Peritonitis	14	Congenital debility	4
Noma	1	Still-birth	3
Senility	6	Ill defined	225

Admissions and deaths in subsidized Hospitals in 1920.

Place	Residency	Admitted	Deceased	% deceased
Weltevreden	Batavia	256	19	7,4
Tjisaroea	„	570	6	1
Bolang	„	409	—	—
Djasinga	„	300	—	—
Bandoeng	Pr. Regents.	917	88	9,6
Poerwodadi	Semarang	3545	233	6,6
Siloewoeh Sawangan	„	306	19	6,2
Poerbolinggo	Banjoemas	1727	39	2,2
Poerwokerto	„	809	9	1,1
Keboemen	Kedoe	1999	94	4,7
Poerworedjo	„	769	27	3,5
Moentilan	„	403	44	10,9
Sragen	Soerakarta	202	27	13,4
Blora	Rembang	1814	50	2,7
Tjepoe	„	1468	49	3,3
Krikilan	Besoeki	1113	104	9,3
Kertosono	Kediri	1119	91	8,1
Kediri	„	287	16	5,6
Pearadja	Tapanoeli	905	32	3,5
Tobelo	Ternate	443	7	1,5

Thus of 19361 people, admitted in subsidized hospitals 954 or 4.9 % died.

Admissions and deaths in subsidized auxiliary Hospitals in 1920.

Place	Residency	Admitted	Deceased	% deceased
Tjideres	Cheribon	108	—	
Kedongpandjalin	Semarang	432	13	3
Margaredja	„	260	4	1,5
Pelantoengan	„	148	9	6
Ambarawa	„	518	—	—
Kalitjeret	„	528	26	4,9
Alyan	Kedoe	249	—	—
Toengkak	Djokjakarta	840	206	24,5
Wonosari	„	410	7	1,7
Randoe Goenting	„	810	22	2,7
Patalan	„	800	13	1,6
Wates	„	603	16	2,6
Swaroe	Pasoeroean	258	6	2,3
Turen	„	336	35	10,4
Balige	Tapanoeli	211	4	1,9
Bonandolok	„	42	1	2,4
Dolok Sanggoel	„	249	2	0,8
Pakantan	„	168	6	3,5
Pangariboean	„	131	3	2,3
Sihorbo Baroes	„	240	3	1,2
Sipirok	„	58	7	12,1
Sitorang	„	369	4	1,1
Sifaroasi	„	228	5	2,2
Toeka	„	127	—	—
Ambarita	„	154	—	—
Nainggolan	„	118	4	3,4
Tomohon	Menado	75	5	6,6

Thus of 8727 people, admitted in subsidized auxiliary hospitals 408 or 4.8 % died.

APPENDIX 10a

DATA ON THE PASTEUR INSTITUTE OVER 1920

Classification of the patients according to the month of admission:

	Europeans	Natives	Total
January	29	40	69
February	43	37	80
March	32	39	71
April	20	36	56
May	44	46	90
June	27	28	55
July	30	54	84
August	9	39	48
September	13	29	42
October	14	24	38
November	26	41	67
December	28	28	56
Total	315	441	756

Classification of the patients accordinge to the provinces, they came from.

	Europeans	Natives	Total
Java and Madoera			
Bantam	2	8	10
Batavia	101	67	168
Preanger Regencies	102	113	215
Cheribon	15	20	35
Pekalongan	—	2	2
Semarang	8	2	10
Soerabaja	3	1	4
Pasoeroean	10	20	30
Besoeki	19	53	72
Banjoemas	1	—	1
Kedoe	4	4	8
Djokjakarta	11	24	35
Soerakarta	1	4	5
Kediri	23	18	41
Madoera	2	—	2
Outlying possessions			
Sumatra's Westcoast	6	18	24
Sumatra's Eastcoast	1	—	1
Banka	3	13	16
S. and E. division of Borneo	2	8	10
Celebes	—	36	36
Menado	—	12	12
Ternate	—	1	1
Djambi	1	—	1
Atjeh	—	16	16
Total	315	441	756

By which animals the infection was caused.

Infected were:

744 persons by 374 dogs.
4 „ „ 2 cats.
7 „ „ 4 monkeys.
1 person „ 1 horse.

Survey of the patients treated.

Location of the wounds.	Rubric A.		Rubric B.		Rubric C.		Total.	
	Number treated.	Died of lyssa.	Number treated.	Died of lyssa.	Number treated.	Died of lyssa.	Number treated.	Died of lyssa.
Europeans.								
Face	3	—	—	—	2	—	5	—
Upper extremities	31	1	—	—	33	—	64	1
Lower extremities and trunk	13	—	—	—	13	—	26	—
Infected in another way, as licking etc.	143	—	2	—	52	—	197	—
Total	190	1	2	—	100	—	292	1
Natives.								
Face	13	—	—	—	11	—	24	—
Upper extremities	57	—	—	—	69	1	126	1
Lower extremities and trunk	58	—	—	—	123	—	181	—
Infected in another way, as licking etc.	49	—	—	—	9	—	58	—
Total	177	—	—	—	212	1	389	1

Patients died of lyssa within.

Name and Residence.	Date of bite.	Date of commencement of the treatment.	Nature of the wounds.	Cauterized.
1. M. Native boy 9 years Djember.	19 Febr. 1920	23 Febr. 4 days after the bite	On the nose a rather deep wound, 2 c.M. long, and several scratches at the corner of the right eye.	No.
2 G. European 32 years Tjiandjoer.	26 March 1920	27 March 1 day after the bite	A deep wound at the thumb and wounds at the index and at the middle finger.	No.
3. T. Native boy 7 years Paloe (Celebes).	8 May 1920	5 June 27 days after the bite	A circle of probably rather deep wounds (now healed) on the back of the hand.	Trichloracetic acid 12 days after the bite.
4. H. Native girl 17 years Bireuen (Atjeh).	19 May 1920	30 May 11 days after the bite	Two deep bitten wounds on the left cheek.	Hydrochloric, acid 22 h. after the bite.
5. S. Native boy 8 years Loemadjang.	1 July 1920	8 July 7 days after the bite	Several scratches above the right eye and at the temple, a few scratches at the corner of the left eye.	No.
6. M. Native boy 2½ years Banjoewangi.	6 Aug. 1920	13 Aug. 7 days after the bite	On the right cheek a deep wound, 10 c.M. long, moreover wounds at the nose and at both corners of the mouth.	No.
7. A. Native 35 years Tasikmalaja.	30 Aug. 1920	31 Aug. 1½ days after the bite	Some bitten wounds on the back of the left hand and at the left forearm.	?
8. J. Native girl 8 years Paloe (Celebes).	16 Sept. 1920	8 Oct. 21 days after the bite	At the left corner of the mouth three wounds, now healed already, which would have been caused by scratching.	No.

30 days after the beginning of the treatment.

First symptoms of lyssa.			Date of death.	Rubric.	Remarks.
Date.	Number of days after the bite	Number of days after the beginning of the treatment.			
16 March 1920	26	22	16 March 1920	C.	
24 April 1920	29	28	26 April 1920	A.	
14 June 1920	37	9	15 June 1920	C.	Inoculation-experiments made with the patient's brain-substance had a positive result.
18 June 1920	30	19	19 June 1920	C.	idem.
20 July 1920	19	12	21 July 1920	C.	idem.
29 Aug. 1920	23	16	30 Aug. 1920	C.	
25 Sept. 1920	27	25	26 Sept. 1920	C.	In the patient's brains Negri's bodies were found. However the inoculation-experiment had a negative result.
15 Oct. 1920	29	7	18 Oct. 1920	C.	

APPENDIX 11.

CASES AND DEATHS OF INFECTIOUS DISEASES, REPORTED IN THE DIVISIONS OF JAVA AND MADURA, PALEMBANG AND BENKOELEN, DURING 1920.

The cases are registered according to the Divisions and to the 13 four-weekly periods of the year.

The diseases mentioned are: cholera, typhoid fever, diphtheria, smallpox, bacillar dysentery, cerebrospinal fever and plague.

The figures before the point, indicate the number of cases, those behind it the number of deaths.

Of plague only the deaths are given.

BANTAM

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Pandeglang . . .	.	.	3. 1	.	.	.	.	.	.	.	.	1.	.	4. 1	**Cholera**
Total	.	.	3. 1	.	.	.	.	.	.	.	.	1.	.	4. 1	
Serang	.	2. 2	1.	1.	.	.	.	.	.	.	.	.	.	4. 2	**Typhoid fever**
Pandeglang . . .	.	.	.	.	2.	.	.	2.	2. 1	2.	.	2. 1	.	10. 2	
Total	.	2. 2	1.	1.	2.	.	.	2.	2. 1	2.	.	2. 1	.	14. 4	
Pandeglang . . .	16. 2	41. 6	3.	7. 2	5.	2.	.	4.	1.	3. 1	10. 1	8.	1.	101. 12	**Smallpox**
Lebak	.	.	.	.	.	.	.	1.	7. 1	.	. 1	1. 1	11. 4	20. 7	
Total	16. 2	41. 6	3.	7. 2	5.	2.	.	5.	8. 1	3. 2	10. 1	9. 1	12. 4	121. 19	

BATAVIA

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Batavia	20. 8	3.	1.	1.	3. 1	2.	1.	1.	.	.	1.	1.	.	34. 9	**Cholera**
Mr. Cornelis . . .	.	.	.	.	1.	.	.	.	.	.		.	.	1.	
Buitenzorg : . .	2.	.	.	.	.	.	.	.	.	.	.	.	.	2.	
Total	22. 8	3.	1.	1.	4. 1	2.	1.	1.	.	.	1.	1.	.	37. 9	
Batavia	11.	28. 4	21. 6	11. 3	12. 3	16. 2	25. 5	25. 5	10. 6	6. 2	16. 4	11. 3	23. 3	215. 46	**Typhoid fever**
Mr. Cornelis . . .	.	3.	2.	3.	1.	.	.	1. 1	3.	.	.	1.	.	14. 1	
Buitenzorg . . .	.	.	1.	.	.	.	.	.	.	.	.	.	.	1.	
Total	11.	31. 4	24. 6	14. 3	13. 3	16. 2	25. 5	26. 6	13. 6	6. 2	16. 4	12. 3	23. 3	230. 47	
Batavia	6.	6. 1	1. 1	2.	.	1.	3.	1.	.	2.	4.	2.	3. 1	31. 3	**Diphtheria**
Buitenzorg . . .	.	.	1.	.	.	.	.	.	.	.	.	.	.	1.	
Total	6.	6.	2.	2.	.	1.	3.	1.	.	2.	4.	2.	3. 1	32. 3	
Batavia	9. 7	10. 3	7. 6	.	1.	.	1.	1. 1	6. 2	16. 7	7. 4	10. 3	5. 2	73. 35	**Smallpox**
Mr. Cornelis . . .	7. 1	1.	.	.	.	.	.	.	.	.	.	.	.	8. 1	
Buitenzorg . . .	36. 4	20. 5	21. 4	8.	8. 2	.	26. 4	41. 3	67. 6	36. 6	53. 6	4.	5.	325. 40	
Krawang	.	.	.	.	.	.	.	.	.	1.	5.	9. 1	.	15. 1	
Total	52. 12	31 8	28. 10	8.	9. 2	.	27 4	42. 4	73. 8	53. 13	65. 10	23. 4	10. 2	421. 77	
Batavia	2.	26. 20	2. 1	5. 1	1.	.	6.	2.	.	1.	4. 1	3. 2	2. 1	54. 26	**Dysentery**
Buitenzorg . . .	.	.	.	.	.	.	.	.	.	1.	.	.	.	1.	
Total	2.	26. 20	2. 1	5. 1	1.	.	6.	2.	.	2.	4. 1	3. 2	2. 1	55. 26	
Batavia	40. 31	26. 20	18. 10	8. 8	7. 4	5. 2	5. 2	2. 5	4. 2	3. 3	4. 3	.	10. 8	132. 98	**Cerebrospinal fever**
Mr. Cornelis . . .	.	.	1.	.	.	.	.	.	.	.	.	.	.	1.	
Total	40. 31	26. 20	19. 10	8. 8	7. 4	5. 2	5. 2	2. 5	4. 2	3. 3	4. 3	.	10. 8	133. 98	
Batavia	.	.	.	.	.	.	.	.	. 6	. 1	. 3	. 3	.	. 13	**Plague**
Total	.	.	.	.	.	.	.	.	. 6	. 1	. 3	. 3	.	. 13	

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Bandoeng	.	.	.	.	.	.	.	.	.	3. 1	2. 1	.	.	5. 2	**Cholera**
Tjiandjoer. . . .	1. 1	.	.	.	.	.	.	.	.	.	.	.	.	1. 1	
Soekaboemi . . .	1. 1	.	.	.	.	.	.	.	.	.	.	.	.	1. 1	
Total . . .	2. 2	.	.	.	.		.	.	.	3. 1	2. 1	.	.	7 4	
Bandoeng	19. 3	9. 3	12.	14. 1	15. 1	7.	.	13. 1	10. 1	13.	13. 2	10. 2	6.	141. 14	**Typhoid fever**
Soekaboemi . . .	4.	.	.	.	.	.	.	.	.	.	.	.	.	4.	
Tjiandjoer. . . .	.	.	.	.	.	.	.	.	.	.	1.	.	.	1.	
Garoet	1.	.	.	.	.	.	.	.	7. 1	.	1.	1.	.	10. 1	
Total . . .	24. 3	9. 3	12.	14. 1	15. 1	7.	.	13. 1	17. 2	13.	15. 2	11. 2	6.	156. 15	
Bandoeng	.	.	.	.	.	1.	.	.	.	.	.	.	.	1.	**Diphtheria**
Garoet	1.	.	.	.	.	.	.	.	.	.	.	.	.	1.	
Total . . .	1.	.	.	.	.	1.	.	.	.	.	.	.	.	2.	
Bandoeng	17.	10. 2	.	10. 6	15 1	.	.	9. 1	.	5. 3	4. 2	1.	.	71 15	**Smallpox**
Garoet	19. 2	19. 2	38. 8	19. 4	8. 1	3.	6 1	5. 3	5. 4	1.	.	.	.	123. 25	
Tasikmalaja . . .	63. 13	76. 22	47. 7	43. 10	1. 5	6. 2	5.	.	6.	.	.	.	.	260. 59	
Soemedang . . .	1.	.	8.	.	.	1.	.	.	.	.	.	.		10	
Total . . .	100. 15	105. 26	93. 15	72. 20	37. 7	10. 2	11. 1	14. 4	11. 4	6. 3	4. 2	1.	.	464. 99	
Bandoeng . . .	.	.	.	.	.	1.	.	.	.	.	.	.	1.	2.	**Dysentery**
Total . . .	.	.	.	.	.	1.	.	.	.	.	.	.	1.	2.	
Soekaboemi . . .	.	.	1.	.	.	.	.	.	.	.	.	.	.	1.	**Cerebrospinal fever**
Total . . .	.	.	1.	.	.	.	.	.	.	.	.	.	.	1.	

CHERIBON

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Cheribon	2.	6.	12. 1	1.	16.	13.	2.	.	9. 1	2.	1.	6. 2	1.	71. 4	**Typhoid fever**
Indramajoe . . .	.	.	.	1.	.	.	3.	.	5. 1	.	.	.	.	9. 1	
Madjalengka . . .	.	.	.	1.	.	.	.	.	.	.	.	.	.	1.	
Total	2.	6.	12. 1	3.	16.	13.	5.	.	14. 2	2.	1.	6. 2	1.	81. 5	
Cheribon	3.	6. 1	9. 1	1. 1	2. 2	6.	1.	10. 3	.	9.	2.	7. 1	5. 2	61. 11	**Smallpox**
Indramajoe . . .	3.	2.	9. 2	.	.	2.	3.	.	.	6.	15.	16.	2.	58. 2	
Madjalengka . . .	.	.	.	.	.	2.	.	.	.	3. 2	3.	.	.	8. 2	
Total	6.	8. 1	18. 3	1. 1	2. 2	10.	4.	10. 3	.	18. 2	20.	23. 1	7. 2	127. 15	

PEKALONGAN

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Tegal	2.	5.	11. 4	.	.	.	.	.	.	.	.	.	.	18. 4	**Typhoid fever**
Pekalongan . . .	.	.	.	.	.	.	2.	.	.	.	.	.	.	2.	
Total . . .	2.	5.	11. 4	.	.	.	2	.	.	.	.		.	20 4	
Tegal	.	.	.	.	.	.	.	.	.	.	4. 1	5. 5	1. 2	10. 8	**Smallpox**
Brebes	.	.	.	.	.	.	.	.	.	.	.	2 1	50 13	52. 14	
Pemalang	2.	.	.	.	.	.	5. 2	1.	4.	.	.	.	.	12. 2	
Total . . .	2.	.	.	.	.	.	5. 2	1.	4	.	4. 1	7. 6	51. 15	74. 24	

SEMARANG

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Semarang	1.	.	.	.	.	.	.	.	.	.	.	.	.	1.	Cholera
Total	1.	.	.	.	.	.	.	.	.	.	.	.	.	1.	
Semarang	25.	22.	17.	8.	7.	12.	8.	9.	4. 1	14. 8	10. 2	9.	3.	148. 11	Typhoid fever
Salatiga	.	.	.	.	3. 2	1.	.	.	.	.	.	.	.	4. 2	
Pati	2.	.	.	.	.	.	.	.	.	.	.	.	.	2.	
Grobogan	2.	2. 1	.		.	.	.	.	.	.	.	.	.	4, 1	
Total	29.	24. 1	17.	8.	10. 2	13.	8.	9.	4. 1	14. 8	10. 2	9.	3.	158. 14	
Semarang	2	1.	.	1.	.	.	.	.	.	2.	.		.	6.	Diphtheria
Total	2	1.	.	1.	.	.	.	.	.	2	.	.	.	6.	
Semarang	.	.	1.	.	.	.	.	.	.	.	.	.	.	1.	Smallpox
Total	.	.	1.	.	.	.	.	.	.	.	.	.	.	1.	
Semarang	11. 2	22.	30 10	11.	8. 3	.	4.	6. 1	2. 1	.	1.	1.	1.	97. 17	Dysentery
Total	11. 2	22.	30. 10	11	8. 3	.	4.	6. 1	2. 1		1.	1.	1.	97. 17	
Semarang	.	.	2.	9. 3	1. 1	1.	1.	3. 2	4. 4	1. 1	3. 2	.	1.	26. 12	Cerebrospinal fever
Total		.	2.	9. 3	1. 1	1.	1.	3. 2	4. 4	1. 1	3. 2	.	1.	26. 12	
Semarang	. 6	. 10	. 6	. 7	. 5	. 1	.	.	. 1	. 2	. 1	. 1	. 1	. 41	Plague
Kendal	.	. 1	.	.	.	.	. 11	. 42	. 32	. 11	. 12	. 12	. 15	. 136	
Salatiga	. 13	. 10	. 13	. 3	. 2	. 6	. 8	. 12	. 12	. 29	. 38	. 58	. 82	. 286	
Total	. 19	. 21	. 19	. 10	. 7	. 7	. 19	. 54	. 45	. 42	. 51	. 71	. 98	. 463	

BANJOEMAS

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Bandjarnegara . . .	1.	.	.	.	.	.	.	.	.	.	.	.	.	1.	**Typhoid fever**
Tjilatjap	.	.	.	1.	1.	.	.	.	.	.	.	.	.	2.	
Total	1.	.	.	1.	1.	.	.	.	.	.	.	.	.	3.	
Banjumas	.	3.	.	.	.	.	.	.		.	.	.	.	3.	**Smallpox**
Bandjarnegara . .	.	8. 1	10. 3	9. 1	10. 1	10. 2	17. 2	20. 3	17. 2	41. 10	12. 2	8. 1	.	162. 28	
Purwokerto . . .	2.	5. 1	1.	.	11.	40. 6	5. 1	16. 2	4. 1	16. 5	10.	24.	4.	138. 16	
Tjilatjap	7. 1	4.	4.	28. 6	17.	17. 1	8. 1	44. 7	33. 9	56. 14	118. 26	95. 28	76. 15	507. 108	
Purbolinggo . . .	.	.	.	.	.	.	.	.	.	.	.	17. 2	36. 6	53. 8	
Total	9. 1	20. 2	15. 3	37. 7	38. 1	67. 9	30. 4	80 12	54. 12	113. 29	140. 28	144. 31	116. 21	863. 160	

KEDOE

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Magelang	2.	.	.		.	.	.	.	.	.	.	.	.	2.	**Cholera**
Total	2.	.	.	.	.	.	.	.	.	.	.	.	.	2	
Keboemen	1.	.	1.	1.	.	1.	1.	3.	1.	2.	.	2.	.	13.	**Typhoid fever**
Poerworedjo . . .	.	2.	3.	.	.	.	.	.	3.	2 1	1.	1.	.	12. 1	
Total	1.	2.	4.	1.	.	1.	1.	3.	4.	4. 1	1.	3.	.	25. 1	
Magelang	.	.	.	.	.	1.	.	.	.	.	.	.	.	1.	**Diphtheria**
Total	.	.	.	.	.	1.	.	.	.	.	.	.	.	1.	
Poerworedjo . . .	3.	.	.	10. 3	2.	2.	.	2.	2. 2	6. 3	3. 1	.	.	30. 9	**Smallpox**
Magelang	.	.	.	.	1.	.	.	.	.	.	.	.	.	1.	
Wonosobo	.	.	.	.	.	1.	30. 13	11. 2	46. 4	39. 13	68. 13	25. 9	15. 2	235. 56	
Keboemen	.	.	.	.	2.	2.	.	18. 1	7. 1	4.	2.	.	.	35. 2	
Total	3.	.	.	10. 3	5.	5.	30. 13	31. 3	55. 7	49. 16	73. 14	25. 9	15. 2	301. 67	
Wonosobo	.		.	85. 25	.		.	.	.	.	.	.		85. 25	**Dysentery**
Total	.	.	.	85. 25	.	.	.	.	.	.	.	.	.	85. 25	
Magelang	. 85	. 193	.136	121	. 76	. 68	.131	.158	.221	. 75	. 95	. 75	. 45	.1479	**Plague**
Temanggoeng. . .	1229	.1359	.553	.487	.205	.195	.112	. 91	. 58	. 67	. 40	. 40	. 27	.4463	
Wonosobo	. 25	. 40	. 79	.181	.178	.206	. 72	.123	.138	.375	.358	.322	.155	.2252	
Total	.1339	.1592	.768	.789	.459	.469	.315	.372	.417	.517	.493	.437	.227	.8194	

DJOKJAKARTA

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Djokjakarta. . . .	14. 2	.	1.	2.	. 1	.	2.	1.	2.	.	.	.	.	22. 3	**Typhoid fever**
Total	14. 2	.	1.	2.	. 1	.	2.	1.	2.	.	.	.	.	22. 3	
Djokjakarta. . . .	1.	.	.	.	.	.	.	.	.	.	3.	.	.	4. 1	**Smallpox**
Total	1. 1	.	.	.	.	.	.	.	.	.	3.	.	.	4. 1	
Djokjakarta. . . .	.	.	.	.	.	.	.	.	.	.	. 1	.	.	. 1	**Plague**
Total	.	.	.	.	.	.	.	.	.	.	. 1	.	.	. 1	

SOERAKARTA

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Totaal	
Soerakarta	.	11.	4. 3	.	.	.	.	.	.	.	.	.	.	15. 3	**Typhoid fever**
Klaten	.	1.	1.	.	.	.	.	.	.	.	.	.	.	2.	
Sragen	5.	2.	2.	.	.	.	.	.	.	.	.	.	.	9.	
Total	5.	14.	7. 3	.	.	.	.	.	.	.	.	.	.	26. 3	
Soerakarta	.	1.	.	.	.	.	.	.	.	.	.	.	.	1.	**Smallpox**
Sragen	.	.	.	.	.	.	.	.	.	.	2.	.	.	2.	
Total	.	1.	.	.	.	.	.	.	.	.	2.	.	.	3.	
Bojolali		.	.	.	.	.	.	.	.	.	. 1	.	. 11	. 12	**Plague**
Total	.	.	.	.	.	.	.	.	.	.	. 1	.	. 11	. 12	

MADIOEN

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Madioen.	3.	.	.	.	.	.	.	.	.	.	.	.	.	3.	Typhoid fever
Total	3.	.	.	.	.	.	.	.	.	.	.	.	.	3.	
Madioen.	.	.	2. 2	.	.	.	.	.	.	.	.	.	.	2. 2	Smallpox
Total	.	.	2. 2	.	.	.	.	.	.	.	.	.	.	2. 2	

REMBANG

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Bodjonegoro . . .	.	.	3.	.	.	.	.	3.	2.	.	.	.	.	8.	Smallpox
Total . . .	.	.	3.	.	.	.	.	3.	2.	.	.	.	.	8.	

KEDIRI

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Kediri	1. 1	.	.	.	.	.	.	.	.	.	.	.	.	1. 1	**Cholera**
Total. . . .	1. 1	.	.	.	.	.	.	.	.	.	.	.	.	1. 1	
Kediri	4.	2.	2.	2.	3.	2. 1	.	.	2. 1	1.	1.	1. 1	.	20. 3	**Typhoid fever**
Toeloeng Agoeng.	.	2.	.	.	.	.	.	.	1.	.	.	.	.	3.	
Trenggalek . . .	.	.	.	.	.	.	.	.	.	.	.	.	1. 1	1. 1	
Berbek	.	.	2.	. 1	.	.	.	.	.	.	.	.	.	2. 1	
Blitar	4.	3.	.	.	7. 1	1	.	.	.	.	1. 1	.	.	16. 2	
Total. . . .	8.	7.	4.	2. 1	10. 1	3. 1	.	.	3. 1	1.	2. 1	1. 1	1. 1	42. 7	
Kediri	2.	1.	1.	.	.	.	.	.	.	.	.	.	.	4.	**Diphteria**
Total. . . .	2.	1.	1.	.	.	.	.	.	.	.	.	.	.	4.	
Trenggalek . . .	.	.	.	.	.	.	1.	.	.	.	.	.	.	1.	**Smallpox**
Total . . .	.	.	.	.	.	.	1.	.	.	.	.	.	.	1.	

SOURABAYA

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Grisee	.	.	.	.	.	1. 1	.	.	.	.	.	.	.	1. 1	**Cholera**
Lamongan	.	1. 1	.	.	.	.	.	.	.	.	.	.	.	1. 1	
Total	.	1. 1	.	.	.	1. 1	.	.	.	.	.	.	.	2. 2	
Sourabaya	27. 6	30. 5	23. 5	6. 5	8. 2	11. 4	5. 2	22. 2	10. 2	10. 2	18. 2	9. 2	30. 7	209. 46	**Typhoid fever**
Sidhoardjo	2. 1	2.	1. 1	.	.	2.	.	.	1. 1	.	.	.	.	8. 3	
Djombang	.	.	.	.	2.	.	.	.	1.	.	.	.	.	3.	
Lamongan	1. 1	.	.	.	.	.	.	.	6. 2	.	1.	.	.	8. 3	
Total	30. 8	32. 5	24. 6	6. 5	10. 2	13. 4	5. 2	22. 2	18. 5	10. 2	19. 2	9. 2	30. 7	228. 52	
Sourabaya	1.	.	1.	1.	2.	1.	.	2.	.	.	.	.	.	8.	**Diphteria**
Total	1.	.	1.	1.	2.	1.	.	2.	.	.	.	.	.	8.	
Sourabaya	3.	1.	3.	2. 1	2. 1	4. 1	1. 1	2. 3	2. 1	1.	1.	1.	1. 1	25. 8	**Dysentery**
Total	3.	1.	3.	2. 1	2. 1	4. 1	1. 1	2. 3	2. 1	1.	1.	1.	1. 1	25. 8	
Sourabaya	.	.	.	.	.	.	.	.	. .	.	.	.	4. 2	4. 2	**Smallpox**
Sidhoardjo	.	1.	.	.	.	.	.	.	.	.	.	.	.	1.	
Grisee.	.	.	.	.	.	.	.	.	1.	.	.	.	.	1.	
Total	.	1.	.	.	.	.	.	.	1.	.	.	.	4. 2	6. 2	
Sourabaya	.	.	.	.	.	.	.	.	.	.	.	.	2. 2	2. 2	**Cerebrospinal fever**
Total	.	.	.	.	.	.	.	.	.	.	.	.	2 2	2. 2	
Sourabaya	. 16	. 39	. 32	. 19	. 9	. 7	.	. 6	. 3	. 5	. 6	. 7	.	. 149	**Plague**
Lamongan	.	. 19	. 17	. 9	. 2	.	.	. 5	. 1	.	. 5	5	. 6	. 69	
Total	. 16	. 58	. 49	. 28	. 11	. 7		. 11	. 4	. 5	11	. 12	. 6	. 218	

PASOEROEAN.

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Pasoeroean	.	2.	1. 1	.	.	.	1.	1.	1.	.	.	.	.	6. 1	**Typhoid fever**
Bangil	.		1.	. 1	.	.	.	4. 1	1. 1	.	.	.	.	6. 3	
Malang	.	.	.	1.	. 1	.	.	1.	.	2.	.	. 1	.	4. 2	
Probolinggo . . .	.	.	.	5. 2	.	.	.	.	.	.	.	.	1.	6. 2	
Kraksaän	.	.	1.	.	.	.	.	.	.	.	.	.	1.	2.	
Total	.	2.	3. 1	6. 3	. 1	.	1.	6. 1	2. 1	2.	.	. 1	2.	24. 8	
Loemadjang . . .	.	.	1. 1	.	.	.	.	.	.	.	.	.	.	1. 1	**Smallpox**
Total	.	.	1. 1	.	.	.	.	.	.	.	.	.	.	1. 1	
Pasoeroean	.	.	.	.	.	.	.	.	.	. 4	.	.	.	. 4	**Plague**
Bangil	. 13	.	.	.	.	.	.	.	.	.	.	.	.	. 13	
Total	. 13	.	.	.	.	.	.	.	.	. 4	.	.	.	. 17	

BESOEKI

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Djember	.	.	2. 2	.	.	.	.	.	.	.	.	.	.	2. 2	**Typhoid fever**
Panaroekan . . .	.	.	.	1. 1	.	.	.	.	.	.	.	.	.	1. 1	
Total	.	.	2. 2	1. 1	.	.	.	.	.	.	.	.	.	3. 3	
Djember.	.	.	1. 1	.	.	.	.	.	.	.	.	.	:	1, 1	**Diphteria**
Total	.	.	1. 1	.	.	.	.	.	.	.	.	.	.	1. 1	
Bondowoso . . .	.	.	.	.	1.	.	.	.	.	.	.	.	.	1.	**Smallpox**
Djember	.	.	1.	.	.	.	.	.	1.	.	.	.	.	2.	
Total	.	.	1.	.	1.	.	.	.	1.	.	.	.	.	3.	

PALEMBANG

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Komering en O. Oeloe	.	.	.	.	.	3. 3	18. 4	6. 1	3. 1	.	.	.	.	30. 9	Cholera
Palemb. Lowlands	.	.	.		.	.	.	.	.	.	1.	.	.	1.	
Palemb. Highlands	.	.	.	2. 1	.	.	.	.	.	.	.	.	.	2. 1	
Total	.	.	.	2. 1	.	3. 3	18. 4	6. 1	3. 1	.	1.	.	.	33. 10	
Palembang. . . .	2. 1	5. 1	1. 1	5.	3. 2	1. 1	.	.	1.	.	12. 12	5. 5	12. 7	47. 30	Typhoid fever
Komering en O. Oeloe	.	.	2.	.	.	1.	.	.	.	.	.	.	.	3.	
Palemb. Highlands.	.	.	.	.	.	.	.	.	.	1.	3	1. 1	4. 2	9. 3	
Total	2. 1	5. 1	3. 1	5.	3. 2	2. 1	.	.	1.	1.	15. 12	6. 6	16. 9	95. 33	
Palembang. . . .	.	.	.	.	2.	.	.	.	.	.	1.	.	.	3.	Diphteria
Total	.	.	.	.	2.	.	.	.	.	.	1.	.	.	3.	
Palembang. . . .	3. 1	4. 2	3.	3.	1.	.	.	.	4. 1	3. 3	3. 3	7. 5	12. 9	43. 24	Smallpox
Palemb. Lowlands.	79. 31	84. 35	124. 49	138. 82	219.113	274.138	122.107	85. 55	128. 62	57. 24	30. 7	110. 55	1. 1	1451. 759	
Komering en O. Oeloe	27. 3	.	1. 1	31. 7	35. 3	58. 23	13. 5	16. 2	29. 7	44. 11	19. 9		.	273. 71	
Palemb. Highlands.	.	7. 2	25. 10	7. 2	5. 2	.	11. 2	60. 24	16. 19	20. 4	11. 2	7.	3.	172. 67	
Total	109. 35	95. 39	153. 60	179. 91	260.118	332.161	146.114	161. 81	177 89	124. 42	63. 21	124 60	16. 10	1939. 921	
Palembang. . . .	.	1. 1	.	.	.	.	.	1. 1	.	1. 1	.	1.	2.	6. 3	Cerebrospinal fever
Komering en O. Oeloe	1.	.	.	.	.	.	.	.	.	.	.	.	.	1.	
Palemb. Highlands.	18. 1	3. 1	1.	. 1	1. 1	.	.	.	1. 1	1. 1	.	1. 1	.	26. 7	
Total	19. 1	4. 2	1.	. 1	1. 1	.	.	1. 1	1. 1	2. 2	.	2. 1	2.	33 10	

BENKOELEN

Division	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total	
Benkoelen	3. 1	2.	18. 1	5. 2	.	.	29. 6	1.	.	1.	1.	.	.	60. 10	Smallpox
Seloema.	1	.	.	.	.	.	.	.	.	.	.	.	.	1.	
Lebong	6. 1	.	11. 1	26. 5	4. 1	1.	15 3	2.	10. 5	8. 1	42. 2	57. 18	49. 13	231. 50	
Total	10. 2	2.	29. 2	31. 7	4. 1	1.	44. 9	3.	10. 5	9. 1	43. 2	57. 18	49. 13	292. 60	
Lebong	6. 1	1.	1. 1	.	.	.	.	.	.	.	.	.	.	8 2	Cerebrospinal fever
Total	6. 1	1.	1. 1	.	.	.	.	.	.	.	.	.	.	8. 2	
Lebong	2. 2	.	.	.	.	.	.	.	.	.	.	.	.	2. 2	Typhoid fever
Total	2. 2	.	.	.	.	.	.	.	.	.	.	.	.	2. 2	

SUBSIDIZED PRIVATE NATIVE HOSPITALS AND AUXILIARY HOSPITALS

YEAR 1920.

The (auxiliary) hospitals marked † had not been put in use on the first of July 1921. Thesehospitals received a subsidy for the erection resp. in 1918 (Parakan, Blitar and Bagan Api Api) and in 1920 (Tandjong Tirto, Sewoegaloor, Ngoro and Den Pasar).

List of the subsidies granted in 1920

Province	Division	Location of the hospital	Class	Applicant
Batavia	Munici pality of Batavia	Weltevreden	2	Vereeniging voor ziekenverpleging in Nederlandsch-Indië
„	„	„	1	Vereeniging ten bestrijding der lepra in Ned. Indië.
„	„	„	2	Ver. ter bevordering v. Inl. ziekenverpleging te Batavia.
„	Buitenzorg	Tjisaroea	2	Methodist episcopale zendings ver.
„	„	Djasinga	1	Administrateur Djasinga estates.
„	„	Bolang	1	Ver. ziekenverpleging Bolang
„	„	Buitenzorg	3	Roode Kruis.
Cheribon	Indramajoe	Djoentikebon		De Zending.
„	„	Tjideres	1	idem.
„	Cheribon	Cheribon	1	Ver. Pamitran te Cheribon.
Djokjakarta	Mataram	Barongan	2	Beheerder onderneming „Barongan“
„	„	Randoeganting	2	De Zending.
„	„	Toengkak	2	„ „
„	„	Djokjakarta	5	„ „
„	„	† Tandjong Tirto	2	Beheerder s-f Tandjong Tirto
„	Koelon Progo	Wates	2	Resident van Djokjakarta
„	„	† Sewoegaloor	2	Beheerder s-f Sewoegaloor.
„	Wonosari	Wonosari	2	Resident van Djokjakarta
„	Djokjakarta	Medari	2	Suikeronderneming Medari
Soerakarta	Soerakarta	Soerakarta	5	De Zending.
„	„	„	2	Vereeniging „Ziekenzorg“ Soerakarta
„	Klaten	Wonosari	2	S. f. Wonosarie.
Banjoemas	Poerbolinggo	Poerbolinggo	4	De Zending
„	Poerwokerto	Poerwokerto	3	Vereeniging Kliniek Poerwokerto
Besoeki	Bondowoso	Bondowoso	1	De Zending.
„	Banjoewangi	Kalibaroe	2	Ziekenverpl. Zuid-Banjoewangi
Kedoe	Wonosobo	Alihan	2	De Zending.
„	„	Wonosobo	2	„ „
„	Keboemen	Keboemen	4	„ „
„	Magelang	Moentilan	2	Ver. R.C. Kweekschool te Moentilan

on behalf of the private native (anxiliary) hospitals.

Initial subsidy						Yearly subsidy											
For erection		For rebuilding, reparation or extension		For first equipment		For qualified European or native doctor		For qualified European or native nurse		For native servants		For costs of nursing and treatment		For repairs of the building		For upkeep of the equipment	
—	—	7574	—	2700	—	3800	—	1200	—	1080	—	2500	—	578	70	420	—
—	—	—	—	—	—	3500	—	240	—	120	—	1000	—	85	—	225	—
—	—	—	—	—	—	—	—	—	—	1080	—	2500		1200	—	420	—
—	—	—	—	—	—	3500	—	1200	—	1080	—	2500	—	3089	24	420	—
—	—	—	—	—	—	1200	—	240	—	360	—	1000	—	707	81	225	—
—	—	—	—	—	—	1200	—	240	—	360	—	1000	—	731	25	225	—
—	—	—	—	—	—	—	—	1200	—	1560	—	5000	—	900	—	630	—
—	—	—	—	—	—	—	—	240	—	—	—	750	—	282	80	100	—
—	—	—	—	—	—	—	—	240	—	—	—	750	—	125	—	100	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	720	—	—	—	1500	—	397	50	225	—
—	—	—	—	—	—	—	—	720	—	—	—	1500	—	292	50	225	—
—	—	—	—	—	—	—	—	720	—	—	—	1500	—	431	25	225	—
—	—	—	—	—	—	12000	—	2280	—	3000	—	9000	—	1955	74	840	—
25549	—	—	—	2250	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	720	—	—	—	1500	—	342	67_5	225	—
23211	—	—	—	2250	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	720	—	—	—	1500	—	300	—	225	—
—	—	—	—	—	—	—	—	240	—	—	—	1500	—	278	03	225	—
—	—	194869	—	—	—	7000	—	1560	—	3000	—	9000	—	3875	58	1100	—
—	—	—	—	—	—	—	—	600	—	1080	—	2500	—	649	—	420	—
—	—	—	—	—	—	—	—	480	—	—	—	1500	—	290	53	225	—
—	—	—	—	—		7000	—	2400	—	2400	—	7000	—	2775		840	—
—	—	—	—	—	—	4700	—	1800	—	1800	—	5000	—	2907	62	630	—
—	—	—	—	—	—	—	—	240	—	—	—	750		75	—	24	—
—	—	—	—	—	—	3500	—	840	—	1080	—	2500	—	1225	86_5	420	—
—	—	—	—	—	—		—	480	—	—	—	1500	—	71	31	112	50
—	—	—	—	—	—	3500	—	1200	—	1080	—	2500	—	—	—	420	—
—	—	—	—	—	—	3500	—	1680	—	2400	—	7000	—	2840	68	840	—
—	—	—	—	1950	—	—	—	600	—	960	—	2500	—	281	95	225	—

Province	Division	Location of the hospital	Class	Applicant
Kedoe	Temanggoeng	† Parakan	2	De Zending.
Kediri	Kediri	Kediri	1	Bestuur ziekeninr. Semampir
„	Kertosono	Kertosono	3	Ver. ziekenverp: Lim Tik Koey
„	Blitar	† Blitar	3	Vereenig. „Blitar kliniek"
„	„	Pareeredjo	1	De Zending.
Pasoeroean	Malang	Swaroe	2	„ „
„	Loemadjang	Djatiroto	2	Ver. Vereenigde Klinieken Soerabaja
„	Malang	Malang	2	Ver. „Malangsche Ziekenverpl."
„	„	Toeren	2	Leger des Heils.
Pekalongan	Pemalang	Moga	1	Ver. Vereenigde Klinieken Soerabaja
„	Batang	Siloewoek Sawangan	2	Ziekenverpl. Siloewoek-Sawangan
Preang. Reg.	Bandoeng	Bandoeng	2	De Zending.
Rembang	Blora	Blora	4	„ „
„	„	Tjepoe	4	Ver. „Ziekenverpl. Tjepoe
Soerabaja	Soerabaja	Modjowarno	5	De Zending.
„	Modjokerto	Segaran	1	„ „
„	Soerabaja	Soerabaja	2	Soerab. Oogheelkundige kliniek.
„	„	„	2	Leger des Heils.
„	„	† Ngoro	2	Beheerder s.f. Ngoro.
Semarang	Salatiga	Ambarawa	1	De Zending.
„	Demak	Kalitjeret	2	„ „
„	Japara	Kedoengpendjalin	2	„ „
„	Semarang	Margaredja	2	„ „
„	Probogan	Poerwodadi	5	„ „
„	Salatiga	Salatiga	1	„ „
„	Pati	Kelet	3	„ „
„	Semarang	Semarang	4	Leger des Heils
„	Kendal	Pelantoengan	1	„ „ „
				Total Java and Madoera

Initial subsidy						Yearly subsidy											
For erection		For rebuilding, reparation or extension		For first equipment		For qualified European or native doctor		For qualified European or native nurse		For native servant		For costs of nursing and treatment		For repairs of the building		For upkeep of the equipment	
44653	—	—	—	2250	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	3800	—	600	—	360	—	1000	—	85	—	225	—
—	—	—	—	—	—	3800	—	1800	—	1800	—	5000	—	1232	76	630	—
24000	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	1320	—	—	—	1500	—	493	81	225	—
—	—	—	—	—	—	3500	—	840	—	810	—	2500	—	1200	—	420	—
—	—	—	—	—	—	3500	—	1200	—	1080	—	2500	—	1153	31	420	—
—	—	—	—	—	—	—	—	1320	—	—	—	1500	—	112	50	225	—
—	—	1800	—	800	—	—	—	210	—	—	—	750	—	26	95	100	—
—	—	—	—	—	—	1200	—	480	—	240	—	2500	—	577	50	420	—
—	—	—	—	—	—	3500	—	480	—	1080	—	2500	—	200	—	150	—
—	—	—	—	—	—	3500	—	2400	—	2400	—	7000	—	856	30	840	—
—	—	—	—	—	—	3500		2400	—	2400	—	7000	—	3336	86	630	—
—	—	8272	50	—	—	7000	—	3000	—	3000	—	9000	—	4451	25	1100	—
—	—	—	—	—	—	—	—	—	—	—	—	750	—	75	—	100	—
—	—	—	—	—	—	3500	—	840	—	1080	—	2500	—	—	—	420	—
254544	—	—	—	2100	—	3500	—	1200	—	1080	—	2500	—	112	50	420	—
21375	—	—	—	2250	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	840	—	—	—	750	—	287	47^{5}	100	—
—	—	—	—	—	—	—	—	1320	—	—	—	1500	—	225	—	1116	—
—	—	—	—	—	—	—	—	720	—	—	—	1500	—	92	47	225	—
—	—	—	—	—	—	—	—	1320	—	—	—	1500	—	287	25	225	—
—	—	—	—	—	—	3800	—	2520	—	3000	—	9000	—	1800	—	840	—
—	—	—	—	—	—	—	—	360	—	—	—	750	—	15	—	100	—
—	—	34030	50	2100	—	3800	—	900	—	1800	—	5000	—	2200	—	630	—
—	—	—	—	—	—	3500	—	2400	—	2400	—	7000	—	3401	05	840	—
—	—	—	—	—	—	—	—	840	—	—	—	750	—	670	—	100	—
393332	—	246543	50	18650	—	105800	—	51110	—	45000	—	160000	—	49582	—	20712	50

Province	Division	Location of the hospital	Class	Applicant
Tapanoeli	Bataklanden.	Bonandolok	1	De Zending.
„	„	Pea Radja	2	„ „
	„	Pengariboean	1	„ „
„	„	Boetar	1	„ „
„	„	Nainggolan	1	„ „
„	„	Panggoeroean	1	„ „
„	„	Siborong	1	„ „
„	„	Sipirok	1	„ „
„	„	Sifaoroasi	1	„ „
„	PadangSidempoean	Pakantan	1	„ „
„	„	Dolok Sanggoel	1	„ „
„	Sibolga en Batang toro districten	Toeka	1	„ „
„	„	Ambarita	1	„ „
„	„	Balige	1	„ „
„	„	Penjaboengan	1	„ „
„	„	Sihorbobaroes	1	„ „
Menado	Menado	Kolonganatas	2	„ „
„	„	Tomohon	1	Ver. v. Vrouwen tot het geven van onderwijs te 's Hertogenbosch
Ternate	Halmaheira	Gamsoengi	2	De Zending
Timor	Soemba	Pajeti	1	„ „
Sum. Eastc.	Bengkalis	† Bagan Api api	1	Ver. tot oprichting en instandhouding v. e. ziekenhuis te Bagan Api Api
Sum. Westc.	Korintji	Soengei Penoeh	1	Negri Soengei Penoeh.
„	Tanahdatar	Fort v. d. Capellen	2	Controleur Fort v. d. Capellen.
W. D. Borneo	Sambas	Singkawang	1	De beheerder.
Bali and Lombok	Zuid Bali	† Denpasar	2	Ver. voor Ziekenverp. „Zuid-Bali."
Amboina	Saparoea	Saparoea	1	Beheerder.
				Total Outlying Provinces
				Grand total

Initial subsidy						Yearly subsidy											
For erection		For rebuilding, reparation or extension		For first equipment		For qualified European or native doctor		For qualified European or native nurse		For native servants		For costs of nursing and treatment		For repairs of the building		For upkeep of the equipment	
—	—	1077	—	—	—	—	—	240	—	—	—	750	—	52	42	100	—
—	—	—	—	—	—	3800	—	840	—	1080	—	2500	—	417	47	150	—
—	—	—	—	—	—	—	—	240	—	—	—	750	—	15	—	20	—
—	—	—	—	—	—	—	—	240	—	—	—	750	—	39	52^{5}	20	—
—	—	—	—	—	—	—	—	240	—	—	—	750	—	222	41	100	—
—	—	—	—	—	—	—	—	240	—	—	—	750	—	242	47^{5}	100	—
—	—	—	—	—	—	—	—	480	—	—	—	750	—	70	18	100	—
—	—	—	—	—	—	—	—	480	—	—	—	750	—	130	—	100	—
—	—	—	—	—	—	—	—	480	—	—	—	750	—	99	—	100	—
—	—	—	—	—	—	—	—	420	—	—	—	750	—	48	75	100	—
—	—	—	—	—	—	—	—	240	—	—	—	750	—	53	51	100	—
—	—	—	—	—	—	—	—	240	—	—	—	750	—	70	33^{5}	100	—
—	—	1577	25	—	—	—	—	200	—	—	—	625	—	231	15	83	33
—	—	—	—	—	—	—		240	—	—	—	750	—	273	58^{5}	100	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	240	—	—	—	750	—	148	25	100	—
—	—	1765	—	—	—	—	—	1320	—	—	—	1500	—	193	25^{5}	225	—
—		—	—	—	—	—	—	840	—	—	—	750	—	135	—	100	—
—	—	—	—	—	—	—	—	480	—	200	—	2500	—	130	—	420	—
—	—	—	—	—	—	—	—	1320	—	—	—	1500	—	761	15	225	—
—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	80	—	—		750	—	111	37^{5}	100	—
—	—	—	—	—	—	—	—	600	—	—	—	1000	—	375	—	225	—
—	—	—	—	—	—	—	—	840	—	—	—	750	—	379	34	100	—
50360	—	—	—	4200	—	—	—	—	—	—	—	—	—	—	—	—	—
37	50	3000		1000	—	—	—	480	—	—	—	750	—	225	—	—	—
50397	50	7419	25	5200	—	3800	—	11020	—	1280	—	22375	—	4424	18	2768	33
443729	50	253965	75	23850	—	109600		62130	—	46280	—	182375	—	54006	18	23480	33

Number of patients etc. in the lunatic asylums

Race and sex of the patients.		Number of patients on 1st of January 1920	Admitted during the current year.	Total.	Written off during	
					As recovered.	As improved.
1		2	3	4	5	6
						Lunatic asylum
Europeans	men	253	51	304	21	7
	women	100	22	122	5	—
Natives	men	374	72	446	32	14
	women	381	50	431	16	3
Foreign orientals	men	101	20	121	15	1
	women	33	4	37	3	—
	Total	1242	219	1461	92	25
						Lunatic asylum at Lawang, with
Europeans	men	193	52	245	12	10
	women	65	15	80	5	7
Natives	men	1257	279	1536	96	21
	women	651	57	708	4	3
Foreign orientals	men	195	55	250	15	9
	women	35	10	45	3	1
	Total	2396	468	2864	135	51
						Recapi
Europeans	men	446	103	549	33	17
	women	165	37	202	10	7
Natives	men	1631	351	1982	128	35
	women	1032	107	1139	20	6
Foreign orientals	men	296	75	371	30	10
	women	68	14	82	6	1
	Total	3638	687	4325	227	76

a) Of the 219 patients admitted ad Buitenzorg, of 8 it was not known how long they were ill already, neither of 200 of the 468 patients admitted ad Lawang. Of the other 211 patients and of the 268 new patients:

at Buitenzorg.		at Lawang.
75	had been ill for longer than one year	82
62	„ „ „ 3 till 4 months	79
65	„ „ „ less than 3 months	107
9	were admitted for observation.	51
Total . . . 211		Total . . . 319

b) If anyway possible the patients were kept busy with different kinds of work. The number of working patients amounted at Buitenzorg to 22% of the European men, 29% of the European women, 59% of the native men and 58% of the native wonen and at Lawang 20,5% of the European men, 25,7% of the European women 77,5% of the native men and 69% of the native women.

in the Dutch East Indies in 1920.

the current year			Number of patients on Dec. 31st 1920.	Percentage of the number of patients treated (except those of column 8).			
As deceased	On account of other reasons	Total		Of the recovered	Of the improved	Of the deceased	Of those, who still remained under treatment.
7	8	9	10	11	12	13	14
at Buitenzorg.							
18	5	51	253	7	2,3	4,3	84,3
6	3	14	108	4,9	—	5,—	90,3
39	12	97	349	8,3	3,5	9,8	80,4
16	6	41	390	3,8	0,7	3,8	91,8
17	2	35	86	12,6	0,8	14,2	72,2
1	—	4	33	8,1	–	2,7	89,2
97	28	242	1219	6,4	1,7	6,8	85,1
the annex-asylums Suko and Sempuh.							
17	11	50	195	5,1	4,2	7,2	83,3
2	2	16	64	6,4	8,9	2,5	82,—
106	18	241	1295	6,3	1,3	6,9	85,3
23	—	30	678	0,5	0,4	3 2	95,7
25	7	56	194	6,1	3,7	10,3	80,—
4	2	10	35	7,—	2,3	9 2	81,4
177	40	403	2461	4,7	1,8	6 —	87,1
tulation.							
35	16	101	448	6,2	3,2	6,6	84,1
8	5	30	172	5,1	3,6	4 1	87,3
145	30	338	1644	6,5	1,8	7,4	84,—
39	6	71	1068	1,8	0,5	3,4	94,3
42	9	91	280	8,3	2,8	11,6	77,3
5	2	14	68	7 5	1,3	6,3	85,—
274	68	645	3680	5,3	1,8	6,4	86,4

c) Among whom 1 African woman.

d) The asylums have four classes. Ulto 1920 the patients were divided as follows:

	Buitenzorg		Total	Lawang		Total
	Men	Women		Men	Women	
1ste class	—	1	1	3	4	7
2nd „	16	17	33	15	13	28
3rd „	246	90	336	177	47	224
4th „	434	415	849	1489	713	2202
Total	696	523	1219	1684	777	2461

Record of the pupils of the Schools for the training of native surgeons during the schoolyear 1919/1920.

Place	Number of pupils at the end of the schoolyear 1918/1919	Admitted for the schoolyear 1919/1920	Total number of pupils during the schoolyear 1919/1920	Written off during the schoolyear 1919/1920		Number of pupils at the end of the schoolyear 1919/1920.
				Promoted surgeon	Written off on account of other reasons	
Batavia	194	56	250	13	32	205
Sourabaja	127	38	165	—	17	148
Total	321	94	415	13	49	353

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Mededeelingen van den Burgerlijken Genee
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